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INTERIM & ANNUAL MEETINGS,
BOARD OF GOVERNORS
CHATEAU LAURIER, OTTAWA
HOLIDAY INN, WINNIPEG
March 13, 14 and September 9, 10, 1978

INTERIM & ANNUAL
MEETINGS
BOARD OF GOVERNORS
CANADIAN DENTAL ASSOCIATION



OTTAWA, ONTARIO
WINNIPEG, MANITOBA

March 13-14 & September 9-10

1978



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FOREWARD

This book provides a record of the business transacted at the Interim and Annual Meetings of the Board of Governors of the Canadian Dental Association at the Chateau Laurier, Ottawa, March 13-14 and at the Holiday Inn, Winnipeg, September 9-10, 1978. It includes the 1978 meeting of the voting (corporate) members.

All members of the Canadian Dental Association are welcome to attend and to participate in the meetings of the Board of Governors. During the session, reports of Councils and Sections etc., are reported to open sessions of the Board, and, although the Chairman may permit any member to speak on an issue, only Board members may vote.

Words appearing in italics both within the body and at the end of the Council or Section reports constitute the comments and actions of the Board.

The purpose of the CDA TRANSACTIONS is to provide members with a record of the policies and decisions of the Board and the work of the Association's Councils and Sections.

OFFICERS AND OFFICIALS

1977-78

Chairman of the Board	... N.A. Mancini, Hamilton
President	... D.L. Rife, Toronto
President-Elect	... R.L. Moran, Toronto
Immediate Past President	... M.J. Crompton, Moncton
Executive Director	... Mr. L.A. Stevenson, Ottawa
Director of Administration	... Mr. G.P. Watts, Ottawa
Director of Accreditation	... V.P. Chatwin, Ottawa
Director of Communications	... Ms. A. Hammell, Ottawa
Director of Student Affairs	... Ms. L. Teteruck, Ottawa
Managing Editor	... Ms. S. Spencer, Toronto

EXECUTIVE COUNCIL

D.J. Rife	R.L. Moran	M.J. Crompton
C. Covit	C. Dexter	R.F. Evans
R.N. Hicks	A.J. Shinoff	G.E. Utas

BOARD OF GOVERNORS

E.F. Allison	C.D. Mielke
M. Charendoff	R.L. Moran
G. Cousens	J.D. Murphy
C. Covit	D.L. Rife
M.J. Crompton	R.R. Schiewe
C. Dexter	R.D. Sexton
R.F. Evans	A.J. Shinoff
W.J. Froese	S. Silver
A.J. Harris	W.R. Thompson
R.N. Hicks	G.E. Utas
R. L'Heureux	D.E. Williams
J.W. MacKay	

Non-Voting Representatives:

T. Curry - Department of National Health and Welfare
 F.T. Irwin - Department of Veterans' Affairs

A G E N D A
BOARD OF GOVERNORS' MEETING
MARCH 13 - 14, 1978
CHATEAU LAURIER, OTTAWA

Monday, March 13, 1978

9.00 a.m.	Call to Order Invocation Official Call of Meeting Roll Call Adoption of Agenda Minutes of Last Meeting
9.30 a.m. - 10.45 a.m.	Executive Council Report
10.45 a.m. - 11.00 a.m.	Coffee Break
11.00 a.m. - 12.30 p.m.	Executive Council Report
12.30 p.m. - 2.00 p.m.	LUNCH
2.00 p.m. - 3.45 p.m.	Executive Council Report
3.45 p.m. - 4.30 p.m.	C.F.D.E.
4.30 p.m. - 5.00 p.m.	Endodontics

Tuesday, March 14, 1978

9.00 a.m. - 9.15 a.m.	Ethics
9.15 a.m. - 10.30 a.m.	Health Care
10.30 a.m. - 10.45 a.m.	Coffee Break
10.45 a.m. - 11.15 a.m.	Health Care
11.15 a.m. - 12.30 p.m.	Information Services
12.30 p.m. - 2.00 p.m.	LUNCH
2.00 p.m. - 2.45 p.m.	Public Health
2.45 p.m.	Prosthodontics

I N T E R I M M E E T I N G

CANADIAN DENTAL ASSOCIATION
BOARD OF GOVERNORS' MEETING
CHATEAU LAURIER

OTTAWA, ONTARIO
MARCH 13-14, 1978

EXECUTIVE COUNCIL

D.L. Rife, Toronto, President
C. Covit, Montreal
M.J. Crompton, Moncton
C.E. Dexter, Halifax
R. Evans, Picton
R. Hicks, Vancouver
R.L. Moran, Toronto
A. Shinoff, Winnipeg
G.E. Utas, Grande Prairie

Council has met three times since the September Board meeting - October 23 and 24, December 4 and 5, 1977 and January 13 and 14, 1978.

Executive Council Membership:

In compliance with the directive of the Board of Governors with respect to regional representation on the Executive Council, and upon nomination by the respective Provincial Corporate members, the President appointed Dr. R. Hicks and Dr. R. Evans to the Council for the term expiring at the end of the September 1978 Board meeting.

C.D.S.P.I.

Appendix I

1. The Executive met with representatives of C.D.S.P.I. on December 4 and 5 and received their presentations with respect to a Balanced Fund for R.R.S.P.'s.

RESOLVED

That the C.D.A. offer to its members the balanced fund as an R.R.S.P. program.

Adopted

2. To implement the Balanced Fund program, the Board recommends:

RESOLVED

That the C.D.A. inform its members of the establishment of such a balanced fund, the details of it, and the difference between such a fund and the existing funds presently offered by C.D.A.

Adopted

3. The Executive requested and received confirmation from the Board for the following action:

EXECUTIVE COUNCIL

RESOLVED

Executive Council directed that the premium for all participants in the life fund for the month of December should be carried for the month which elapsed before the new arrangements came into effect and the cost was charged to the retention fund.

Adopted

4. In order to establish clearly the principle that the insurance program is a joint undertaking of the C.D.A. and the Corporate Member provinces, the Executive authorized and the Board approved the following action:

RESOLVED

That a letter of intent from the President of C.D.A. be forwarded to each of the provinces, along with the Participation Agreement, with regard to the fact that documentation for our national/provincial plans be received by the provinces and that they clearly indicate the fact that they are national/provincial plans.

APPENDIX II

Adopted

5. The Interim Council on Insurance and Investment is continuing to oversee the insurance and investment programs. The Executive Council is instituting a review of the functions of the Council on Insurance and Investment, of C.D.S.P.I. and of the relationships between C.D.A. and C.D.S.P.I.

Information as to previous recommendations and proposals in this regard is contained in Appendix III.

APPENDIX III

6. Participation agreements between the national association and the provincial dental associations were reviewed and prepared for signing on December 3, 1977.
7. The Executive Council recommended and the Board approved, the following actions relating to the Participation agreement, Administration agreement and Master Contracts:

RESOLVED

- (a) *That we accept the draft Participation Agreement for distribution to the co-sponsors:*
- (b) *That we accept the draft of the Administration Agreement between Charles A. Kench, C.D.A. and C.D.S.P.I. dated October 20, 1977:*
- (c) *That the master insurance contract and master agreement be signed by the President and Executive Director*

(motion continued overleaf)

EXECUTIVE COUNCIL

- (d) *That the C.D.A. Executive Council recommends that C.D.S.P.I. be permitted to absorb the costs of retendering and implementing the plans.*

Adopted

The report and audited financial statement are attached as Appendix IV.

APPENDIX IV

8. Following discussion on the disproportionate burden of expense placed on some Corporate Members in funding representation at C.D.S.P.I. meetings, the following motion was approved:

RESOLVED

That the C.D.A. Board of Governors recommends that the cost of meetings involving the National/Provincial insurance and investment plans be absorbed by the plans. Costs to include:

- travel and hotel costs for one delegate from each Corporate member.*

Adopted

- a per diem stipend.*

Defeated

A further motion regarding the costs of the December 3, 1977 meeting was defeated as follows:

RESOLVED

that the cost of the December 3, 1977 meeting be absorbed by the Plans.

Defeated

After further discussion, the following motion was approved:

RESOLVED

That per diems as incurred by provincial representatives when attending meetings relative to the insurance plans be considered as an expense to be borne by the Plans.

Adopted

EXECUTIVE COUNCIL

9. Executive Council recommended and the Board approved the following motion:

RESOLVED

That the Board express the appreciation of all members of the Association to Dr. Durran, Dr. Moran and all members of the C.D.S.P.I. Board for so conscientiously and successfully performing their duties relative to the insurance program.

Adopted

CANADIAN NATIONAL EXHIBITION ASSOCIATION:

10. The Executive Council reviewed C.D.A.'s relationship to C.N.E.A. and their recommendation of a representative was approved by the Board as follows:

RESOLVED

That Dr. Miet Kamienski be named as C.D.A.'s representative to the C.N.E.A.

Adopted

PER DIEMS:

11. The Executive Council reviewed the present level of per diem allowances paid by the Association. In line with the responsibilities and requirements placed upon Council Chairmen, the Executive Council recommended and the Board approved that

RESOLVED

That Chairmen of Councils be paid a per diem of \$200.00 for attendance at meetings, this to include travelling days where applicable, effective January 1, 1978.

Adopted

12. The Executive Council discussed the matter of cost involved in attendance to the affairs of the Association by elected persons. The Board then approved the following resolutions as formulated by the Executive:

RESOLVED

That the President be paid a per diem of \$400.00 for attendance at meetings, this to include travelling days where applicable, effective January 1, 1978.

(Dr. Rife abstained)

Adopted

EXECUTIVE COUNCIL

PER DIEMS - continued

RESOLVED

That members of Executive Council be paid a per diem of \$350.00 for attendance at meetings, this to include travelling days where applicable, effective January 1, 1978.

Adopted

RESOLVED

That an Ad Hoc Committee be appointed to study all aspects of compensation, this to include expenses, per diems, mileage etc. and that this Committee submit a report for consideration at the September Board meeting.

Adopted

COMMUNICATION WITH THE FEDERAL GOVERNMENT:

13. The Department of National Health & Welfare requested that the representatives of the Health Standards Directorate of the Department meet with C.D.A. to discuss the development of standards or guidelines in the field of dental services. A meeting was held on December 18, 1976 at C.D.A. Headquarters with members of Dr. Gellman's committee and C.D.A. Executive Council present.

Following lengthy presentations and discussions, C.D.A. requested that Dr. Gellman define for C.D.A. the purpose of his Committee, its terms of reference, authority and proposed activities. The request was not responded to by Dr. Gellman.

In September 1977, two letters were received from Dr. Gellman, asking for appointments to be made to the Working Groups on Oral Radiological Services and Preventive Dentistry (see Item 13A).

These letters were reviewed by Executive Council on October 22 and the Executive Director was instructed to reply asking for more information and requesting a meeting with the minister (letter dated November 3).

A reply dated January 17 was received from the Minister which is attached as Appendix V.

APPENDIX V

Meanwhile, Dr. Gellman had dispatched letters to most dental organizations and associations (and organizations representing most other facets of health care) requesting their agreement to co-operate with his Committee. As well, various members of the dental profession have been approached all across Canada to become members of various sub-committees of the main group.

EXECUTIVE COUNCIL

It has been noted that the Department of National Health & Welfare has communicated with individual corporate members recently and it would be appreciated if the provinces would inform the Executive Director of their views.

The Executive Council is concerned deeply over the matters contained in the letter [Appendix V(b)] from the Minister, the Hon. Monique Begin, and is preparing material. A meeting with the Minister regarding the actions and portents of Dr. Gellman's Committee has been requested.

WORKING GROUPS ON ORAL RADIOLOGICAL SERVICES & PREVENTIVE DENTISTRY - DEPARTMENT OF NATIONAL HEALTH & WELFARE:

- 13A. These groups are sub-groups of Dr. Gellman's Committee. An Executive liaison group will meet with the Minister at its next scheduled meeting on April 7th, 1978.

Dr. Curry stated that Dr. Gellman would be willing to address the Board and a motion to this effect was defeated as follows:

RESOLVED

*That Dr. Gellman be invited to appear before the Board of
Governors of the C.D.A.*

Defeated

FLUORIDATION OFFICER:

14. Concern was expressed for the continuation of the office of Fluoridation Officer. Improved assistance was provided and arrangements for indexing and filing of records were made.

In order to provide more information to the Board, it was agreed that Mr. Bowen would submit a report to the Council on Health Care for inclusion in the Board book, and that he would in future report to the Director of Administration.

Received as information.

HOUSTON GROUP:

15. A meeting was held with the Houston Group to establish lines of communication. A successful understanding was reached between C.D.A. and the Houston Group regarding the functions the Houston Group were to perform on behalf of C.D.A. Present at the meeting were Mr. Stan Houston and Ms. Jean Dickson of Houston and Drs. Rod Moran and Don Rife of C.D.A.

EXECUTIVE COUNCIL

HOUSTON GROUP - continued

As a result, efforts will be made to clarify the confusing channels of communication and requirements which have acted to our detriment.

Management Committee has asked the Executive Director to define the needs of the Association with regard to personnel at Headquarters involved with communication and public relations.

If it seems desirable, Houston will train staff to meet our needs. Other courses of action are under consideration.

In the interim, the Executive recommended and the Board approved the following:

RESOLVED

That all requests to the Houston Group for work done on behalf of the C.D.A. will be channelled through the Executive Director who will act as liaison officer and that larger expenditures (over \$5,000) will be forwarded to the Executive Council for approval.

Adopted

CDA/FDI CONGRESS:

16. Council received the final report on the conduct of the F.D.I. Congress from Dr. W.G. McIntosh and requested that letters of appreciation be sent to the following:

Wrigleys
Colgate-Palmolive
Procter & Gamble
Siemens
C.D.H.A.
C.D.N.A.A.

An audited financial statement will be presented to the Board at the earliest opportunity.

17. The Executive Director was asked to thank Dr. McIntosh for the submission of this comprehensive report.

RESOLVED

That the Board express its appreciation to Dr. McIntosh for his work with the CDA/FDI Congress.

Adopted

EXECUTIVE COUNCIL

RESOLVED

18. *That Dr. M.J. Cripton be named National Treasurer for the Canadian Dental Association in its role as a Member Association of FDI.*

Adopted

RESOLVED

19. *That the FDI Membership fee be increased to \$15.00 per annum.*

Adopted

DISTRIBUTION OF EXECUTIVE COUNCIL MINUTES:

20. It was decided that, in future, a summary of approved minutes would be forwarded to the Board of Governors, the Presidents and Secretaries/ Executive Directors of Corporate Members, Past Presidents (on request) and to the licensing bodies.

It is hoped that more explanatory material and background material may be made available to amplify actions taken by Council by distribution of information from minutes in this way.

QUEBEC CITY CONVENTION:

21. The 1979 Board of Governors' meeting will be held on Saturday and Sunday, September 8 and 9, 1979.

MANITOBA CONVENTION:

22. Following consultation with the Manitoba Dental Association, the following motions were approved and are presented for Board information:

- (a) *That the Board of Governors' Annual Meeting in 1978 will be held on Saturday and Sunday, September 9 and 10, the President's reception will be held on Saturday evening, September 9 and the opening ceremonies on Sunday, September 10.*
- (b) *It was agreed that all material would be printed bilingually, i.e. in the same booklet, or in the case of a letter, on either side of a sheet of paper.*
- (c) *That Dr. Shinoff be appointed as Executive Liaison for the 1978 Convention.*

EXECUTIVE LIAISON

MANITOBA CONVENTION - continued

- (d) *That the Manitoba Convention Publicity Committee work with Anna Spencer and Diane Charter for the promotion of advertising.*
- (e) *That only registered delegates to the Convention can be allocated rooms reserved for C.D.A.*

The Board received the foregoing as information.

JOURNAL SUBSCRIPTION RATE

23. In response to a request from the Management Committee that the subscription rate for the Journal be increased from \$20.00 to \$24.00 per volume for North American subscribers and from \$22.00 to \$26.00 per volume for all other countries, the following motion is recommended to the Board:

RESOLVED

That the fee for Journal subscription be \$24.00 per volume for North American subscribers and \$26.00 per volume for all other countries.

Adopted

C.F.D.E.

24. Executive Council received as information a copy of a letter to Mr. M. McDonald, Executive Director of C.F.D.E., enclosing a cheque for \$300.00, for discharging C.D.A.'s second mortgage.

Subsequent to the discharge of the second mortgage, a meeting was held on January 18, 1978, between members of the Management Committee of C.D.A. and members of the Executive of C.F.D.E. The Executive Directors of both organizations were present. The purpose of the meeting was to clarify the relationships between C.F.D.E. and C.D.A. with respect to the Act of Incorporation of C.F.D.E. and the By-Laws of C.F.D.E.

The meeting augurs well for the future close integration of the activities of C.D.A. and C.F.D.E.

Retirement of the second mortgage leaves indebtedness on the Ottawa building consisting of a first mortgage of \$489,400 at 9.3/4% (at present).

EXECUTIVE COUNCIL

DENTAFACTS

25. A letter from Mr. G.H. Waring, Vice-President of Dentafacts, informing the Executive Director that following termination of the joint program there was a credit balance of \$6,199 and enclosing a cheque for this amount, was received as information.

CANADIAN DENTAL STUDENTS' CONFERENCE

26. *RESOLVED*

In concert with C.D.A.'s visitation to the dental faculties last fall and future promotion of the C.D.A. and its various programs to Canadian dental students, members of the Executive Council will attend all meetings at dental schools to provide information on membership, insurance, etc.

Adopted

COUNCIL ON STUDENT AFFAIRS

27. Requests and information from various provinces express a divergence of opinion and need. The Executive Council took the following action:

That the Executive Director write to the provinces to find out their position relative to the merit system in support of licensure to see whether it is advisable to form a committee to study this question.

This is provided as information to the Board and results of the survey will be reported.

A.D.A. CONFERENCE ON CONTINUING EDUCATION

28. The Executive Council felt that an expanded information base should be established and took the following action:

That a person be appointed to gather existing information on continuing education activity in Canada, to attend and provide information from the A.D.A. National Conference on Continuing Dental Education in Chicago on February 2-4, 1978 and report same, together with suggestions for the necessity of a national program of standardization of continuing education programs in Canada to the Executive Council.

It was agreed that Dr. M. Williamson of Vancouver will represent C.D.A. at this Conference. A report will be forthcoming.

Received as information.

EXECUTIVE COUNCIL

EXECUTIVE COUNCIL QUORUM

29. Consistent with the expanded membership of Executive Council, the following resolution was approved and sent to the Council on Constitution & By-Laws for action. Executive Council recommends Board approval in principle:

RESOLVED

That C.D.A. By-Law, Article XI - Executive Council, Section 10, Quorum, be altered to read:

'Six of the Voting Members of the Executive Council shall constitute a quorum.'

Adopted

OFFICE OF THE PRESIDENT-ELECT

30. Executive Council expressed concern that the Office of President-Elect should not carry with it a parochial affiliation in that the President-Elect should not be a Board member representing any Corporate Member but be representative of all parts of the country.

The following recommendation was forwarded to the Council on Constitution & By-Laws for action. Executive Council recommends Board approval in principle:

RESOLVED

That the office of President Elect be divested of dual capacity in which he represents his corporate member as governor and that the position be filled with appropriate consideration to the necessary change in By-Laws.

(Dr. Hicks opposed)

Defeated

EXECUTIVE LIAISON

31. As appointed by the President, a new list of Executive liaison officers is provided for information, as follows:

Constitution & By-Laws)	M.J. Crompton
Membership)	
Education)	C. Dexter
Ethics)	
1978 Convention)	A.J. Shinoff
Legislation)	
Health Care)	C. Covit
Student Affairs)	
Hospital Services)	R. Evans
Information Services)	G.E. Utas

MEMBERSHIP COMMITTEE:

APPENDIX VI

32. The following resolution was passed at the September 1977 Board of Governors' meeting:

That a membership committee be established with the Past President as Chairman, along with corporate members from Ontario and Quebec and one other member from the rest of Canada, four members total (including the Chairman) and that the program be co-ordinated with a public relations firm.

Executive Council approved the following nominations:

H.L. Mussells, Chairman, C. Covit, Quebec, R.L. Moran, Ontario and R.A. Gray, Alberta

Received as information.

Subsequently, to provide continuity to the committee, the Past President, Dr. M.J. Cripton, was added to the Membership Committee by Presidential appointment.

33. The Executive Council approved the following motion:

That we send a revised version of the Membership pamphlet to every dentist across Canada and that the responsibility be placed in the hands of the Membership Committee.

Received as information.

34. Life Membership

Executive Council approved the following motion:

That the Executive Director be requested to formulate a mechanism for reporting and recording life membership.

Received as information.

35. The Executive Council approved the following motion in respect of Life Membership which arose from the Membership Committee meeting in January 1978.

RESOLVED

That all members in Ontario and Quebec who are eligible for life membership in the Canadian Dental Association be notified of such, and upon application for membership and approval by the Executive Council, be reimbursed their membership fees for the current year.

EXECUTIVE COUNCIL

36. For the information of the Board, the Membership Committee and Executive Council are considering a request to provide a membership category for full time teaching staff at universities with regard to the fact that some Association insurance benefits are of no value to these members.

37. The Membership Committee recommended the following proposal to the Executive Council:

Be it resolved:

That the Membership Committee recommends to the Executive Council the investigation and purchase of audio-visual equipment on and about the various activities of C.D.A.

Executive Council disagreed and recommended the following amended motion, which received Board approval:

The Board recommends that an investigation under the auspices of the Management Committee be instigated into the possible purchase of audio-visual equipment for presentation of informational material on and about the various activities of C.D.A.

Adopted

38. The Executive Council endorsed the following resolution from the Management Committee, which then received Board approval as follows:

RESOLVED

That a meeting of the Membership Committee be called in May 1978 and that the chairmen of the Ontario and Quebec membership campaigns be invited to attend in order to discuss the 1979 membership campaign.

Adopted

Executive Council commends the Membership Committee for its activities and for the membership campaign.

Complimentary Membership for Past Presidents

39. *RESOLVED*

That complimentary membership in the C.D.A. be provided for Past Presidents.

Adopted

EXECUTIVE COUNCIL

PAST PRESIDENTS' BREAKFAST

40. In view of the consensus that the Past Presidents' Breakfast should provide an opportunity for present Council Members and all Past Presidents to meet and discuss matters of mutual interest, the Executive proposed and the Board endorsed the following resolution:

RESOLVED

That the Executive Council host the Past Presidents' Breakfast.

Adopted

FEDERAL GOVERNMENT LIAISON

41. The Executive Council feels that since there will be a continuing requirement for dialogue with government (for example, item No. 11), a formal structure with terms of reference should be provided. The following resolution is therefore provided for Board information:

That a Federal Government liaison be established and that it be composed of the Management Committee. Terms of reference will be provided by Dr. Moran.

Upon development of terms of reference, the matter will be referred to the Council on Constitution and By-Laws for its and the Board's approval.

One area of participation for the liaison group was seen to be federal fund-raising dinners. It was suggested that each corporate member be encouraged to do likewise at provincial fund-raising functions.

COMMUNICATION WITH THE MEDIA OR OTHER GROUPS, COMPANIES OR PERSONS HAVING BUSINESS WITH THE ASSOCIATION

42. Council reiterated the concept that elected representatives of the Association take the ultimate responsibility for any statements issued and therefore must approve their content before they are broadcast or published.

Approval was then given for the President to write to Council and Committee chairmen and members and all association personnel informing them of this directive.

CANADIAN ASSOCIATION OF ACCIDENT & SICKNESS INSURERS:

43. A meeting was held between representatives of C.D.A. and C.A.A.S.I. on January 25th and on February 1st, 1978.

The representatives for C.D.A. at the meeting with C.A.A.S.I. at Headquarters were:

EXECUTIVE

Dr. Ben Goldberg (acting on behalf of the Council on Health Care)
Dr. C. Covit
Dr. D.L. Rife
Mr. L.A. Stevenson

The purpose of the meeting was in response to the requests of the Council on Health Care and C.A.A.S.I. to explore the possibility of developing guidelines for submission of radiographs to prepayment plan carriers with respect to their need to pre-determine their liability and their clients' benefits under their plan contracts.

Basic recommendations for radiograph submission guidelines, the alternate claim form, request form for supplementary information, guidelines for consultant requests for information, treatment plan estimates form and formats for carrier letters, were developed.

These have been sent to all Corporate Members. A meeting of representatives of all Provincial Dental Associations and C.D.A. was held on March 1, 1978, and a report of the meeting will be provided.

MANAGEMENT COMMITTEE REPORT

44. All future Management Committee meetings will be attended by the President, President-Elect, Past President, the Executive Director and the Director of Administration.

Travel Insurance

45. Management Committee recommended and the Board approved the following:

RESOLVED

- (a) *That the Travel Insurance (Blanket Policy) with Mutual of Omaha be increased to*

A.D. & D.	- \$150,000.00 principal sum
W.I.	- \$250.00
Total annual premium	- \$1,443.75

- (b) *That C.D.A. Executive Council members and staff officials purchase further insurance at the airport (if deemed desirable) and claim on expenses.*

- (c) *That the C.D.A. Executive purchase an A.D. and D. package plan for approximately \$60.00 per annum through C.D.S.P.I.*

EXECUTIVE

Taxation Committee

46. RESOLVED

That the Terms of Reference of the Taxation Committee be approved as follows:

1. *To identify areas where Federal taxation legislation or regulations are being unfair or unjust to the individual dentist.*

The words "in the operation of a private dental practice" were deleted from item 1 by a separate motion.

2. *To report such areas of concern to the Executive Council and to recommend a procedure of action necessary to correct such taxation inequities.*
3. *To formulate a final plan of action and an associated budget for all major projects of the Committee.*
4. *To obtain supportive information and data in order to prepare technical briefs to be used in efforts to change adverse legislation or regulations.*
5. *Through the Executive Council, to liaise with and to formally present submissions to Government authorities.*
6. *The membership of the Committee and its chairman are to be appointed by the Executive Council for a period of one year.*

Adopted

47. The Board then approved the following appointments:

RESOLVED

48. *That C.D.A. retain Touche Ross & Co. as chartered accountant consultants to the Taxation Committee.*

Adopted

RESOLVED

49. *That C.D.A. retain a taxation lawyer as a consultant to the Taxation Committee.*

Adopted

Selection of the lawyer or law firm will be approved by the Executive Council upon recommendation of the Taxation Committee.

EXECUTIVE COUNCIL

50.

RESOLVED

That the interim budget of the Taxation Committee be approved with a ceiling of \$25,000.00.

Adopted

COMMITTEE MEETINGS: - two

Travel	\$1,300
Accommodation & Meals	650

PROFESSIONAL CONSULTANTS:

Chartered Accountants	5,000
Taxation Lawyer	4,000
Public Relations	3,000

PRESENTATION EXPENSES:

Consultants	4,000
Travel	2,000
Accommodation & Meals	300

GENERAL EXPENSES

Delivery Service	100
Telephone	400
Miscellaneous	500

\$21,250.00

EXECUTIVE COUNCIL

51. COUNCIL ON LEGISLATION

The Executive Council recommended and the Board approved the following Terms of Reference:

RESOLVED

That the Terms of Reference of the Council on Legislation shall be as follows:

- (i) To study and make available to the Association, existing or proposed legislation which directly or indirectly relates to dentistry.*
- (ii) To advise the Executive Council of any existing or proposed federal/provincial legislation which directly or indirectly adversely affects the interest of the public or the dental profession related to the provision of dental services.*
- (iii) to advise the Executive Council of recommended changes to existing federal/provincial legislation which could benefit the interests of the public or the dental profession related to the provision of dental services.*
- (iv) To advise the Executive Council and to include in an annual report, a summary of newly adopted and also proposed federal and provincial legislation for the current year which may particularly affect the dental profession.*

The Board added the following clause:

- (v) To propose to the Executive Council legislation which would be beneficial to the profession.*

The Executive Director has conveyed this motion to the Chairmen of the Councils on Legislation and Constitution & By-Laws. The appropriate by-law amendments will be presented to the September Board of Governors' meeting for approval.

COUNCIL ON EDUCATION

52. Motion from the Council on Education Report to the Board (September 1977) re Ad Hoc Committee:

RESOLVED

That an Ad Hoc Committee with representation from Executive Council and the Council on Education be formulated to look into the restructuring of the Council on Education and that Dr. Carl Dexter be appointed Chairman.

Carried

EXECUTIVE COUNCIL

53. The Board then approved the composition and terms of reference of the Ad Hoc Committee as follows:

RESOLVED

That the Terms of Reference of the Ad Hoc Committee on the Council on Education be as follows:

- (i) To review the Terms of Reference of Council*
- (ii) To review the structure, composition and representation associated with Council*
- (iii) To make recommendations relative to the above and the activity of Council*
- (iv) To report to Executive Council.*

Adopted

RESOLVED

That the composition of the Ad Hoc Committee be as follows:

<i>Dr. C.E. Dexter</i>	<i>Chairman</i>
<i>Dr. G.E. Utas</i>	<i>) Executive Council) representatives</i>
<i>Dr. R. Evans</i>	
<i>Dr. W. Feasby</i>	<i>Chairman of the Council on Education</i>
<i>Dr. J. McLean</i>	<i>Chairman of the Survey Policy Committee</i>
<i>Dr. W. Dunn</i>	<i>President, A.C.F.D.</i>

Adopted

A report from the Ad Hoc Committee will be presented to the Board at the September meeting.

EXECUTIVE COUNCIL

GRANTS COMMITTEE

54.

RESOLVED

That a Grants Committee be formed as a sub-committee of Executive Council, for the purpose of generating monies for the accreditation program

and further

That the composition of the Committee consist of three members of the Executive Council, i.e. the Past President, President Elect and one other, who shall be Chairman, the Chairman of the Council on Education, the President of A.C.F.D. and the Chairman of the Survey Policy Committee.

The Committee will report to the Executive Council on a continuing basis, presenting an annual report, and a copy of the draft report will be forwarded to the Council on Education.

Adopted

RESOLVED

That the composition of the Grants Committee be as follows:

<i>Dr. A. Shinoff</i>	<i>Chairman</i>
<i>Dr. M.J. Crompton</i>	<i>Past President</i>
<i>Dr. R.L. Moran</i>	<i>President Elect</i>
<i>Dr. W.H. Feasby</i>	<i>Chairman, Council on Education</i>
<i>Dr. J.D. McLean</i>	<i>Chairman, Survey Policy Committee</i>
<i>Dr. W. Dunn</i>	<i>President, A.C.F.D.</i>

Adopted

FINANCIAL STATEMENT

55. An unaudited financial statement was circulated with the Board's approval.

EXECUTIVE COUNCIL

NEW BUSINESS

56. The question of the official ownership of the War Memorial Bonds was discussed and the following motion was approved:

BE IT RESOLVED

That Dr. D.L. Rife, President, and Lloyd A. Stevenson, Executive Director of the Canadian Dental Association, be and are hereby authorized and empowered on behalf of said Association to assign transfer of bonds, as set out below, in the name of said Association, and to make, execute and sign all necessary acts of assignment and transfer of said bonds to the Canadian Fund for Dental Education.

Bond Number

T29-Z 00696	Sept. 1/83	4½%	Gov. of Canada	\$ 500
T29-M 001063	Sept. 1/83	4½%	Gov. of Canada	1,000
T29-M 001064	Sept. 1/83	4½%	Gov. of Canada	1,000
DL-S09939-S09943	Oct. 15/78	5%	Hydro Electric Power	
			Comm. of Ontario	5,000
GAE-S01005-01008	Apr. 1/94	9%	" " " "	4,000
DP-X0121	Apr. 15/84	5½%	Province of Ontario	10,000

RESOLVED

That the Executive Council report be adopted.

Adopted

EXPLANATORY NOTES AND REMARKS ON THE REPORT OF THE COUNCIL ON INSURANCE AND INVESTMENT AND C.D.S.P.I. GIVEN BY DR. J. E. DURRAN TO THE BOARD OF GOVERNORS OF THE C.D.A. ON MARCH 13, 1978 IN OTTAWA

Eighteen months have passed into history since the temporary merger of the C.D.A. Council on Insurance and Investment and the Board of C.D.S.P.I. took place at the annual meeting of the C.D.A. in Edmonton. My remarks, today, are not designed to relive that experience, but rather, to highlight and explain the material which is contained in your Board Books.

Hopefully, you have all had sufficient opportunity to study the mountain of material which has been presented for your information, and that subsequent to the presentation there will be questions. Fortunately, for me, there are other members of the combined Council and Board present today who can come to my assistance, when and if necessary. I refer to Drs. Charendoff, Moran and Rasmussen who have all taken an active role in the events which have occurred.

To begin, there are several motions in the Executive Council report which contain references to funds etc. which probably require some explanation; e.g. Balanced funds, Retention funds, Participation and Administration Agreements, Master Contracts and Master Agreements etc. There is one item - namely D on page 2 which requires no explanation. That is an Executive Council recommendation which permits C.D.S.P.I. to absorb the costs of retendering and implementing the plans - which C.D.S.P.I. as an arm of the dental profession was more than pleased to do. Moreover, as Dr. Moran will explain, the funds were available for such use.

I am assuming that the report of the Interim Council on Insurance and Investment and C.D.S.P.I. as found in Appendix 1 adequately explains how we operated for the past eighteen months - what the combined entity does and what it presently is.

However, back to the jargon of the material. The Balanced Fund is a pool of money, contributed by dentists as a RRSP contribution, and directed into that fund. At this point, their discretion ceases and the mix of assets which is purchased for that fund is determined by the managers at Royal Trust. The mix of assets of the fund is made up of common stocks mortgages, bonds and G.I.C. in a proportion that is decided by Royal Trust.

It provides the contributing dentist with professional management of both his asset mix and the particular assets in each sub-group. Once the dentist has decided to invest and direct his contribution into the Balanced Fund, he makes no further investment decision, unless he decides to move his money into another of the funds or to another company.

Retention Funds. As you are probably aware - the National/Provincial Plans are based on the concept of shared risk, up to a point. Term Life, L.T.D. and Office Overhead Plans are on a retention basis; therefore, after deducting from your gross premium all the costs associated with insuring and administering, if there is a surplus position with respect to that total gross premium, you have a Retention Fund; which with good experience (i.e. low number of deaths or fewer dentists on disability) can grow over a period of years. The Participation Agreement carefully spells out what can happen to that money. It is not owned by C.D.A. or the C.D.S.P.I. or the Provinces - it must be returned to the participants in the Plans, either in the form of increased benefits or decreased premiums. This was the action which was taken with respect to your Term Life premiums for the month of February, 1977. There is a covering motion in your Board Book. I will refer to another aspect of retention funds later in these remarks.

I have mentioned Participation and Administration Agreements. I would hope that there has been adequate communication between yourselves as Provincial representatives to this Board and those who represented your Province at the National/Provincial meeting of December 3, 1977. The purpose of that meeting was to examine, amend if necessary, and accept both of those Agreements. If there has been sufficient communication at your Provincial level, the need for lengthy discussion at this meeting will have been eliminated. Naturally, if there are any questions regarding the Agreements, we will try to answer them.

Comment on Master Agreements and Master Contracts is going to be difficult. We are in the process of assuring ourselves that they include, not only the letter of the original specifications, but also the spirit. To this end there will be a National/Provincial meeting on April 20/78 for the purpose of reviewing all the Master Contracts. These new Contracts will include all the material which was previously contained in both the Master Contracts and the Retention Agreements. Your Council on Insurance has already spent a full day reviewing and amending the proposed contracts with representatives from the carriers. Your administrative Consultant, C. Kench has done a well-organized analysis of the proposed contracts - and the amendments were

well-received by the carriers. Professionals from both sides are still negotiating - the only problem is that this delays the issuance of certificates of Insurance. However, this problem will be resolved shortly; and we realize that this has created difficulties with regard to hospital appointments in some areas which insist on Malpractice coverage proof before admission on staff.

All of which leads me to a few general comments with regard to the problems which arose as a result of the changes in carriers and coverages - I refer to late notices, late mailings, late follow-up, missing enrollment kits, missing acknowledgement cards and worst of all, late billings. The Council on Insurance and C.D.S.P.I. are not prepared to accept responsibility for these delays. The C.D.A. Executive, the Provinces and C.D.S.P.I. met every deadline which was set out in the retendering manual - but our administrators failed to meet their time schedule. As a result, the Management Committee of C.D.S.P.I. delivered a letter to the administrators which detailed the above complaints, as well as our concern over the loss of interest to the Plans, poor P.R. etc. Subsequent to the delivery of that letter, at a meeting with the senior Vice President of Kench, it was agreed that, if the net premium exceeded the base figure used in our calculations (and theirs) - then Kench would be obliged to negotiate a sharing of the windfall profit they would otherwise have received. This sharing would accrue to the benefit of the Plans on an equitable basis.

While on the subject of interest and money, I take pleasure in asking you to give special attention to Appendices D & E. The translation of these two pages into plain language is as follows: For the 1978 premium year, if the same amount of premium remained in force as existed in 1977 - then the Plans would benefit by approximately 700,000 dollars more under the new arrangements than they would have under the previous ones. If claims remained constant, then premiums could be further reduced or benefits increased. We take great pride in this and hope that future results, as determined by our claims experience, will cause this to happen. To our knowledge, a bad claims experience, is the only variable which can upset the above equation.

I would like to draw your attention to the statistics contained in Appendix F - pages 2 & 3 - and I particularly wish to emphasize the penetration figures. As you will observe, there is plenty of room for improvement in our

penetration in many areas. These will receive extra attention from the marketing subsidiary of Kench and Associates. The C.D.A. Student Affairs Officer has already been in contact with all of our Dental Faculties with the objective of making the students aware of the benefits of the Insurance program.

I want to assure the Board that the CDA RRSP has not been intentionally spared from scrutiny. It has been a matter of meeting other deadlines. Your Council has now started its review of the existing and possible arrangements with regard to this program. Preliminary submissions have been received from another trust company. A proposal has been received, at our request, from a firm of financial managers. In addition, a consultant is preparing a presentation for our examination and information. As you can appreciate, we have to accumulate a similar body of information as that acquired for the Insurance program, and we will be attacking the problem in the same manner. Unfortunately, I do not anticipate the same dramatic performance with regard to the RRSP as was possible with the Insurance program. Concrete improvements in the performance of a RRSP area are much more elusive, but it is mandatory that this program receives the same investigation as that which was carried out for the Insurance program.

In closing, I want to thank all the representatives of dentistry, both National and Provincial for their cooperation and support during the past eighteen months. Without that it would have been an exercise in frustration.

With your permission, Mr. Chairman, I will turn the meeting over to Dr. Moran, Secretary-Treasurer of C.D.S.P.I. who will comment on the financial statements of C.D.S.P.I. for the fiscal year ending July 31/77."

REPORT OFC.D.S.P.I. AND C.D.A. INTERIM COUNCIL ON INSURANCE AND INVESTMENT

At the September, 1976 Board of Governors' meeting in Edmonton I gave a report of the Joint CDA/CDSPI Ad Hoc Committee. Today it is my wish to bring you up to date with regard to the activities of the C.D.S.P.I. Board/C.D.A. Interim Council on Insurance from that date on, and I will also throw some flashes into a still undetermined future.

It has been a busy time. As you are all aware, during the last couple of years we have had the mandate from the C.D.A. to operate as a unit within the combined framework of the C.D.A. Council on Insurance and C.D.S.P.I. In fact, it was the recommendation of the CDA/CDSPI Ad Hoc Committee to marry the two permanently. The attached Action Sheet indicates the number of meetings which have been conducted since the last Activity Sheet was presented to the C.D.A.

Let me first explain to you how we function. Mrs. Schmidt makes the first contacts for all activities which are planned. She sorts and prepares all material, which is then presented to the rest of the Management Committee at an evening meeting. The material is studied and discussed, and a decision is made whether a presentation should be given to the full Management Committee by the people Mrs. Schmidt has already talked to. Out of the evening meetings is born the material which is presented to the directors at Board meetings. Needless to say that the material is often forwarded to the directors prior to the meetings. The Council on Insurance subsequently makes its recommendations to the Executive of C.D.A., and finally the Board of Governors is asked for approval. A great many important decisions were made during 1977 in this manner.

When the new management of C.D.S.P.I. took over 2½ years ago, we came in with a mind full of questions which we had not been able to receive answers to over the years. The biggest query of all related to the distribution of the premium dollar. How good a deal did we actually have with the insurance companies? This question was the little bud which later flowered into new insurance plans. When we came in we were so eager to start analyzing, and then we found out that the necessary information to conduct analyses simply was not available. Insurance companies have a tendency to withhold any information which they do not absolutely have to disclose. Mr. Tom Harriott, who had been our consultant throughout the term of the Ad Hoc Committee was called upon for assistance. With his help, over a period of several months, we were able to extract from a reluctant CNA Assurance Company enough information to conclude that CNA took too big a portion out of the premium dollar. Too many credits which we felt should benefit the plans, were recorded as profit by CNA. In a group disability/office overhead plan large reserves are set up by the underwriting insurance company for open and incurred but not reported claims. In 1976 these reserves amounted to more than one and one half million dollars. The substantial interest on these reserves had only benefitted CNA and not the plans.

Premiums are prepaid, but expenses are incurred throughout the whole policy year. Interest on the cash flow was another source of income for CNA. None of it was credited to the experience of the plans. We detected accounting errors and anomalies which worked to the detriment of the plans and the benefit of CNA. Also, the administration fee appeared to be extremely high. Similar discoveries, although on a much smaller scale, were made with the Life program. It was obvious that something had to be done - fast. We started to negotiate directly with Imperial. The experience exhibit of a life program is less complex than that of a long term disability plan. Imperial was quite willing to alter their method, and over a period of time we were satisfied that all necessary adjustments were made. With CNA the task was more difficult. Mr. Tom Harriott suggested that the only way we could do full justice to the plans, was to retender. It was soon obvious to us that this was so. By taking all plans to the market we would know that what would then be offered to the profession would be the best possible plans at the least possible cost.

Another animal had to be tackled at the same time. For many years full computerization of the plans had been discussed. The billing system was fragmented. One bill was produced for each plan, and there were participants who received as many as a dozen bills. The previous administration had negotiated with CNA, who at a substantial initiating cost and a continued high operating charge was willing to build up a "Compass" computer system for all National/Provincial plans except the RRSP. We were supported by Mr. Tom Harriott in our view that it would have been disastrous to commit all records to one insurance company. To give full control of all records to an insurance carrier would obviously not be in the best interest of the participants.

It is possibly the most important point to keep in mind with regard to the operation of the plans that the control must remain with the profession. There must be enough flexibility in the system to be able to test the plans in the market place at regular intervals. This does not mean that a full retendering is required every time.

In order to have a more sophisticated administration and a better billing system we realized that we might have to look for an outside administrator. This mechanism is more and more used by corporations to set up and run the necessary records for insurance and pension plans. However, our task had to be divided into two segments:

- A) How to retender.
- B) How to administer and communicate.

The firm of Harriott and Associates expressed their interest in assuming both roles, and in view of the excellent services rendered by this firm previously, their offer was taken seriously. A full proposal for the retendering process and the subsequent administration and communication was received from Harriott's. In theory everything looked splendid. However, caution had to be exercised. Before any decision was made, it was decided that Mrs. Schmidt should travel to Winnipeg and have a proper look at the premises where the administration

would be done, and furthermore discuss with the president of Harriott and Associates the retendering, administration and communication. After her trip to Winnipeg Mrs. Schmidt reported to the Management Committee with mixed feelings. She was not impressed with the Communication department and felt that the cost of direct selling of all plans was too high. Harriott's did not have their own computer set-up. She was told they were contemplating buying their own. The cost of retendering as proposed by Harriott's was very high, and a little arithmetic on our part revealed some unreasonably high per diems for the consultants.

The Board of Directors of C.D.S.P.I. instructed the Management Committee to seek out alternatives. Information was gathered on firms that would be interested in both the retendering and the administration/communication. Mrs. Schmidt again made the first contacts and conducted the first interviews. She wrote reports to the Management Committee. Several firms were eliminated from the list as "not suitable". Finally the following firms emerged as serious contenders to be considered:

- 1) William M. Mercher Limited.
- 2) Charbonneau, Ledgerwood, Leipsic, Ryan, Simpson and Associates Limited.
- 3) Murray G. Bulger and Associates.
- 4) Charles A. Kench and Associates Limited.
- 5) Harriott and Associates of Canada Limited.

Executives from all firms were interviewed by Mrs. Schmidt, and subsequently most of them gave full presentations to the Management Committee. Means and ways and costs were compared. A typical cost comparison is attached.

The cost differential for retendering was very wide:

Harriott's	\$50,000. - \$70,000.
Bulger's	5,000. - 7,000.
Charbonneau's	7,000. - 12,000.
Kench	9,000. $\pm$ 15%
Mercer's	25,000. - 35,000.

The different firms proposed different approaches, which is the main reason for the wide cost differences. Harriott's was mainly eliminated because of the high cost estimate. It was finally agreed to appoint Kench for the retendering, but the directors decided that one more test was required before the "go ahead" could be given. The Management Committee was instructed to initiate a study by the actuarial department of Kench. If it could be proven actuarially that there would be a saving premium wise of at least 10% by restructuring the plans, then the retendering was approved and Kench was hired to conduct it. A thorough

analysis was undertaken by the actuaries, of the long term disability and office overhead plans, followed by a conservative estimate which stated that a saving of at least 15% could be counted on in the first year and 18% in the second year. This study confirmed what was already known by the Management Committee of C.D.S.P.I. It confirmed the beneficial character of the so-called Retention Agreements to the insurance carriers. It was agreed that an attempt should be made to have some of the interest income which CNA had recorded as profit transferred to the contingency fund of the disability/office overhead plans. For this purpose actuarial assistance was required. Several meetings took place between CNA, our actuaries and Mrs. Schmidt. A final meeting was set up and attended by Dr. Moran. In his usual skillful manner at the negotiating table he was able to pin CNA down to an interest credit which at the time was estimated at \$100,000. but which later proved to be \$81,000. In addition an adjustment of approximately \$30,000. was made and credited to the contingency fund. This adjustment was due to an accounting error made by CNA. When analyzing the retention statements, the Management Committee detected the error. Although we would have liked to achieve more, we were pleased to have accomplished something. CNA was not legally obligated to make the interest adjustment. They only needed to point to the Retention Agreement between CNA and the Plan holder. There was no provision for interest money to benefit the plans. We had been taught a solid lesson. The text of future retention agreements will read very differently. C.D.S.P.I. paid for the actuarial services \$4,650.00.

An account has been run by C.D.S.P.I. for fees and services related to the retendering. The total amount is in the neighbourhood of \$60,000. Ordinarily such a cost would be charged against the experience of the plans, but due to a good year for C.D.S.P.I. financially, C.D.S.P.I. is able to absorb the cost. The composition of the amount spent on retendering is:

C.D.S.P.I. miscellaneous expenses	\$ 4,903.69
C.D.S.P.I. Board expenses	35,326.71
Harriott - consulting fees	2,469.60
Kench - consulting fees	15,910.00
Legal fees (estimate)	<u>1,000.00</u>
	\$ 59,610.00

Both the C.D.A. and the provincial associations were much involved in the retendering process. In determining the contents of the new plans, proposals from several provinces and from individual dentists were utilized. These suggestions were very useful indeed. Kench, in co-operation with the Management Committee of C.D.S.P.I. and the C.D.S.P.I. Board/Interim Council on Insurance presented the proposed specifications to representatives from the provinces and the C.D.A. Executive at a meeting held on June 20, 1977. This meeting was called by C.D.S.P.I. on behalf of the C.D.A. The provincial representatives played an important role in the determination of the final specifications. In fact, the meeting proved that there is a need for continuous involvement of all provincial associations. The ultimate result can only be achieved when the provincial associations are well informed and will partake in the decision making. I would like to look upon the combined C.D.S.P.I./Council on Insurance as the centre in a circle. The periphery is composed of all provincial benefit committees, the C.D.A. Executive, and the C.D.A. Board of Governors. The centre is there to gather information, inform, receive instructions and manage. Its function is both centrifugal and centripetal.

If I may use this analogy, the combination of the powers to and from the centre created the new insurance plans, selected the carriers, determined the way of communication and administration. The result emanated from a combined effort.

A great deal of time was spent by the Management Committee to bring forth a recommendation concerning administration and communication. It was obvious that these functions could not be left in the hands of the carriers. The high cost factor alone ruled this out. Even if it had been physically possible to enlarge C.D.S.P.I. over a short period of time, to assume the full role of administrator/communicator, it could not be done legally. I will come back to the legal aspect later. Finally it was decided to appoint Kench for the administration/communication of the plans for a period of three years with a contractual opting out clause of 90 days. It is an experiment. Nobody can say today that it is the best way. The operations will be watched carefully by the Management Committee of C.D.S.P.I., and regular reports will be made to the C.D.A. Executive.

There have already been some pains of birth. The completion of the enrollment packages was delayed by a few weeks, and the postal authorities made sure that the effect of the delay was compounded. The billings will go out much later than anticipated. All four telephone lines at C.D.S.P.I. headquarters have been in steady use since early December. The staff members have been able to clear up many misunderstandings.

I mentioned some legal aspects. From the outset the new Management of C.D.S.P.I. decided to retain legal counsel. The driving force in this decision was to make sure that all undertakings will be based on solid, legal ground. Our lawyer immediately communicated with the superintendents of insurance in the various provinces. The superintendent in B.C. proved to be the most difficult to deal with. All points in this area have not been clarified yet. Suffice it to say that C.D.S.P.I. at this point in time could not legally perform the duties allocated to Kench.

1977 will stand in the annals of C.D.S.P.I. as the year the new insurance plans were introduced. However, attention was not only given to insurance. The Registered Retirement Savings Plan got some share of the action. There is no need to remind this audience of the dismal performance of the Stock Market over the last few years. During the 60's it was easy to choose a fund. The gains in most equity funds were remarkable. 75% to 80% of all contributions to the CDA RRSP found their way to the Common Stock Fund. Investment comparisons showed that Royal Trust managed to keep the performance of our equity fund slightly above average. There were, therefore, few complaints. The 70's changed all that. Interest rates climbed. Stock prices plummeted. Fixed Income and Guaranteed Funds became important, and Equity Funds started to go out of favour. The C.D.A. Fixed Income Fund was introduced in 1970. Half of the portfolio is invested in bonds, the other half in mortgages. The Guaranteed Fund was mainly introduced for the benefit of older members, approaching the time when they wish to use their holdings to purchase an annuity. This fund came into effect in 1972.

I shall not in this report go into details with regard to funds and performance. I only wish to acquaint you with what has been done in this area and what doors are open for future action. In December 1976 we were able to establish a Guaranteed Investment Certificate Fund. There was a great need for such a fund, a statement which is substantiated by the steady transfer of accounts from the C.D.A. Plan to Trust Company Guaranteed Investment Certificates during the year 1976. Of course, in this type of fund one's holdings are locked in for a period of 5 years. The account can only be liquidated if a participant dies or if he wishes to purchase an annuity.

Over a period of time the Management Committee of C.D.S.P.I. looked into balanced funds, which is the vehicle often used by pension plans and reached the conclusion that a balanced fund should be added to the other investment vehicles available in the CDA RRSP. The C.D.A. Executive approved the introduction of such a fund. It was implemented on January 1, 1978.

It is the intent of C.D.S.P.I./Interim Council on Insurance to review the whole philosophy of RRSP's in general and the CDA RRSP in particular during the next 6 months. The current tax laws in this area for example will be studied. It is generally agreed among experts that individuals whose savings are split between regular and tax sheltered programs should consider keeping their fixed income investments in their RRSP's and their equity investments outside their plans. On an after-tax basis, there can be substantial advantage to such an investment strategy. The reason is that the government does not tax all investment income the same way. At present the first \$1,000.00 investment income is tax exempt. After that, the highest tax rate is applied against interest income. The rate is considerably lower on dividend income and capital gains. Since earnings in an RRSP are untaxed (until deregistration) there is little incentive to assuming the additional risks of holding stocks. This is one consideration in many when looking at RRSP's. It must be said that there is not the same margin of better performance and savings obtainable in the RRSP's as there was in the insurance package. The consumer is better protected in this field than in insurance.

When comparing the performance of several trust companies' funds, there is not much difference. They all use the same type of broker's reports. They attend the same meetings. There is no wonder that the results of professional management and general stock market performance are similar. Nevertheless, it is important that a thorough investigation into all aspects of RRSP's is conducted, and this is a priority item for C.D.S.P.I./Interim Council on Insurance in 1978. Much the same strategy will be followed as was used in the insurance investigation. Mrs. Schmidt will be making contacts with several trust companies and firms of investment consultants. Presentations will be heard by the Management Committee of C.D.S.P.I. and, after weeding out the unlikely candidates, presentations will be made at Board level. A recommendation has been made by the Board that an investment consultant may be hired to assist the Management Committee.

The first steps have already been taken. Mrs. Schmidt has dealt with Canada Trust, and they are ready to make a proposal by the end of January. A firm of investment experts, Fiscal Consultants, is also being tested.

One of the recommendations of the Ad Hoc Committee was to have a contractual agreement executed between the C.D.A. and the Corporate members. Legal Counsel of C.D.S.P.I. set up a draft agreement, based on the recommendations of the Ad Hoc Report, and this draft was forwarded to all provinces for their comments and suggestions for changes. There was substantial input both from Quebec and Ontario and also from other provincial associations. As an example I will mention Quebec's wish to include in the Participation Agreement a formula, according to which a province could opt out with a certain portion of the contingency fund allocated to this group. After several meetings with our consulting actuaries and legal counsel it became apparent that such a formula could not be applied. The result of the meetings was communicated to the provincial associations, who conducted their own investigations. Finally a Participation Agreement could be completed which was acceptable to all concerned.

An Administration Agreement between C.D.A., C.D.S.P.I. and Kench, Reed Shaw Stenhouse has also been signed by all parties. The agreement outlines the responsibilities of the bodies involved in relation to one another. This agreement was also drawn up by legal counsel, then discussed, changed and finally accepted.

In accordance with these agreements a great deal of informational material will be forwarded to C.D.S.P.I./Interim Council on Insurance to the C.D.A. and the provincial bodies. Explanations will accompany this material in order to make it possible for the members of the various benefit committees to understand the total and relative performance of the plans and to read proper meaning into complex experience reports.

I mentioned at the outset of this report that I would try to visualize the future of C.D.S.P.I. This future will depend on a number of factors. Although C.D.S.P.I. is a separate corporation, it is an arm of the profession. It is, therefore, ultimately a national/provincial decision to mold C.D.S.P.I. for the future. The CDA/CDSPI Ad Hoc Committee made specific recommendations. The C.D.A. Council on Insurance and C.D.S.P.I. should serve as a combined unit. The activities of the last couple of years, in my opinion, proves the wisdom of such a recommendation. Furthermore, C.D.S.P.I. should be able to operate free of political overtones. It should operate as a business, serving the whole dental profession on a non-profit basis. Can this recommendation be realized? It is impossible to say at this point in time. Nevertheless, the Board of Directors of C.D.S.P.I. in concert with the C.D.A. and the provincial associations should attempt to find a common road leading to this goal. We are all aware that the temporary structure of C.D.S.P.I. cannot continue indefinitely. C.D.S.P.I. has taken the first step. Our legal counsel has been asked to recommend solutions. His recommendations, when received, may serve as a starting point for further deliberations.

It is apparent to all who have been involved in the operation over the last couple of years, that C.D.S.P.I. cannot successfully be run like just another committee. The Board members must acquire complex and specialized knowledge both in the field of insurance and investments. They must be willing to keep informed generally and to read and study specific briefs and proposals, in order to be qualified for the many decisions which must be made. The people who are chosen to serve on the Board must take an active interest in the subject matter, and it would make good sense to let them serve for a number of years.

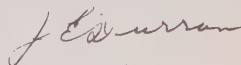
There has been a trend in the running of companies and corporations to get away from the idea of having the full Board of Directors manage the corporation. The functions have crystallized into a non-managing and a smaller managing board. We have asked our lawyer whether in his opinion C.D.S.P.I. should be run on that principle. Should the officers be elected or appointed and for how long? This is another question which must be answered. Instead of shedding some light on the future of C.D.S.P.I. I only seem to have muddled the waters. These questions will have to be considered seriously in the months ahead, and not until we have the answers will we know what role C.D.S.P.I. will play in the future.

It has often been suggested that C.D.S.P.I.'s functions should be expanded, so that the total operation is actually run by C.D.S.P.I. This would include a full computer service. It is possible that a feasibility study should be undertaken. However, first we will need to know whether we will legally be allowed to assume such a role. At the present time C.D.S.P.I. collects all insurance premiums and contributions to the RRSP and assures transfer of the money to the carriers through appropriate channels. It also serves as collector of premium for extended health care for Ontario, Quebec and the Atlantic provinces.

Any dentist may call collect for information pertaining to all plans, and the staff of C.D.S.P.I. performs an advisory service for the profession. There is a Business Manager who is responsible for the run of the office and its financial operation and who is also responsible for the arrangement of the meetings for the Management Committee and the Board. The business manager disseminates information to the directors of C.D.S.P.I. and to the C.D.A. and at times to the provincial associations. On instruction from the Management Committee the business manager makes the first contacts with insurance carriers, administrators, investment consultants etc. She screens proposals and serves as a liaison between the outside world and the Management Committee. The secretary assists the business manager, arranges and attends meetings, does all necessary typing of minutes and letters and generally gives a helping hand everywhere. There is a bilingual switchboard operator, who also serves as translator of simple material and performs other incidental duties. There are five more members on the staff. Between them they know all details of the insurance plans and the RRSP. Several ledgers are operated, and there is a centralized set of books and a general ledger from which most financial data are produced and from which the auditors extract their information. There are members on the staff who have worked for C.D.S.P.I. for more than 10 years.

Mrs. Schmidt has served the profession for sixteen years. The question of future personnel can only be considered in conjunction with all other decisions to be made with regard to C.D.S.P.I.

It is my hope that this report has given you some idea of how C.D.S.P.I./ Council on Insurance is functioning, and it is also my hope that together we will be able to work out a viable, more permanent framework for the corporation.



Dr. J. E. Durran,
President, C.D.S.P.I.

January, 1978.

INDEX OF APPENDICES

- A) Action Sheet
- B) Cost comparison - Administration/Communication
- C) Rate comparison between old and new plans
- D) Savings in Disability/Office Overhead Plan
- E) Amended summary of negotiated credits
- F) Participation statistics by province
- G) Statistics on R.R.S.P.

C.D.S.P.I. ACTION SHEETPERIOD AUGUST 23, 1977 - DECEMBER 10, 1977

Members of this Board and Committee are:

Dr. M. D. Charendoff
 Dr. R. Dupont
 Dr. J. E. Durran
 Dr. J. C. Giguere
 Dr. R. L. Moran
 Dr. R. L. Rasmussen
 Dr. M. Diner, Special Consultant

Executive Committee (Management Committee)
 Members are:

Dr. J. E. Durran
 Dr. R. L. Moran
 Dr. M.D. Charendoff, Spec. Consultant
 Mrs. E. Schmidt, Business Manager

Executive Committee (Management Committee)
 Meetings were held on:

August 23, 1977
 August 31, 1977
 September 8, 1977
 September 20, 1977
 October 5, 1977
 October 11, 1977
 October 20, 1977
 November 1, 1977
 November 7, 1977
 November 14, 1977
 November 24, 1977

Board and Council Meetings were held on:

August 26, 1977
 August 27, 1977
 September 17, 1977
 December 3, 1977
 December 9, 1977
 December 10, 1977

August 26th and August 27th

This was a combined meeting - C.D.A. Executive and Interim Council on Insurance. All motions passed at this meeting were passed by the C.D.A. Executive.

September 17, 1977

The Interim Council agreed that the target date for the completion and acceptance of the Participation Agreement by all the Provinces and the C.D.A. is the C.D.A. Board meeting, March, 1978.

September 17, 1977 (Continued)

Recommendation from the C.D.A. Interim Council on Insurance to the C.D.A. Executive

That November 30, 1977 is the target date for the approval of the Executive Councils and Committees of every province, subject to their Board approval; re the Participation Agreement.

Re: Participation Agreement

The Management Committee to prepare a Draft Participation Agreement, submit it to Mr. Bradshaw (C.D.S.P.I. lawyer) for approval. The Draft Participation Agreement to be circulated to the Council on Insurance members for their approval by the middle of October. The Council on Insurance between now and the 30th of November to send out the new Participation Agreement draft to the provinces (3 weeks prior to the 30th of November) and hopefully they will be in agreement by the 30th of November.

Re: Kench Agreement for Administrative and Communication Services

Contract points discussed

Translation to be at the expense of Kench. Translations from Kench to be sent to Dr. Covit, Q.D.S.A. for approval before mailing. French and English promotional mailings to go out at the same time. The Agreement to include such items as who gives the required help to dentists in completing enrolment forms, setting up claims, etc.

A guarantee to be obtained from Kench that all the information on C.D.A. matters will revert to C.D.A. so that the program cannot be used against the C.D.A.

The cost of the retendering of the plans, paid for by C.D.S.P.I. and to be charged to the Plans; is to be left in abeyance for the time being.

"Rate Comparisons between Present and New Insurance Plans" written by Mrs. Schmidt available for C.D.A. meeting September 29th.

Promotional material dealing with the new plans and prepared by Employee Facts was discussed and it was decided that it required rewriting before it could be approved for mailing.

December 3, 1977

Combined meeting of Provincial representatives and Interim Council on Insurance members called by C.D.A. for the discussing and signing of the Participation Agreement. At this meeting Mr. J. Bradshaw and Mrs. B. Moore were present to answer any legal questions. Mr. R. Apsey, Senior Vice President of Charles A Kench and Mr. C. Carlton, the actuary from Kench and Mr. P. Williams of Reed Shaw Stenhouse attended and were available to explain and clarify many points in the new Plans that were questioned.

December 9th and 10th

The following motions were passed at the meeting:

"THAT WE ACCEPT THE ADMINISTRATION AND PARTICIPATION AGREEMENTS AND RECOMMEND THAT THEY BE FORWARDED TO THE C.D.A. BOARD FOR THEIR APPROVAL."

"THAT WE RECOMMEND TO THE C.D.A. BOARD THAT THEY SIGN THE PARTICIPATION AND ADMINISTRATION AGREEMENTS."

"THAT THE MANAGEMENT COMMITTEE IS DIRECTED TO GATHER ANY AND ALL INFORMATION REGARDING C.D.A. R.R.S.P. AS IT AFFECTS THE OPERATION OF THE PLAN, FROM THE POINTS OF VIEW OF THE FOLLOWING:

C.D.A. AND ITS MEMBERS
INDIVIDUALS PARTICIPATING IN THE PLANS and
THE ROYAL TRUST."

"THAT THE COST OF THE R.R.S.P. INVESTIGATION BE ABSORBED BY C.D.S.P.I."

The Administration Agreements (contained in the Participation Agreements for each province) signed by Dr. Rife on behalf of the C.D.A.

ADMINISTRATION AND COMMUNICATION

Comparisons between costs and services of the firms which have quoted on administration and communication.

1) HARRIOTT'SAdministration

Life	5%	of gross premium
Disability	8%	" " "
General	10%	" " "

In addition there would be a charge of 1% of gross premium for routine consulting.

Face to Face selling (communication)

	<u>1st Year</u>	<u>Thereafter</u>	<u>Average Over 3 Years</u>	<u>Average Over 10 Years</u>
Life	30%	2%	11.3%	4.8%
Disability	30%	4%	12.7%	6.6%
General	33%	13%	19.7%	15.0%

There is an additional charge of \$20.00 for each new application. This works out to 1% - 3% of gross premium.

2) BULGER'S

Administration 5% of gross premium in all plans.

Selling (face to face) 35% in first year, 5% thereafter.

	<u>1st Year</u>	<u>Thereafter</u>	<u>Average Over 3 Years</u>	<u>Average Over 10 Years</u>
BULGER'S	35%	5%	15%	8%

3) CHARBONNEAU'S

4% of gross premium for administration (Tri-Care) for all types of insurance,
3% - 6% of gross premium for communication (not direct selling)

4) KENCH - Final quote.

Administration and communication combined: 10½% of net premium in the 1st year.
7 % of net premium thereafter.

In terms of gross premium the percentages would be approximately
8.7% in the first year,
6.0% thereafter.

Assuming gross premium to be four million the charges for Harriott's would be, averaged over 3 years and over 10 years:

HARRIOTT'S

Administration and communication averaged over 3 years \$ 956,000. per annum.
Administration and communication averaged over 10 years \$ 719,000. per annum.

Comparative Costs for the First 3 Years of Operation

A) Harriott's	\$2,868,000.
Bulger's	2,400,000.
Charbonneau's	1,080,000.
Kench	828,000.

Using 3 years' averages for communication for Harriott's and Bulger's.

B) Harriott's	\$2,157,600.
Bulger's	1,560,000.
Charbonneau's	1,080,000.
Kench	828,000.

Using 10 years' averages for communication for Harriott's and Bulger's.

Comparisons per Annum (exclusive of 1st year)

Harriott's *	\$719,200.
Bulger's *	520,000.
Charbonneau's	340,000.
Kench	240,000.

*Harriott's and Bulger's here have the benefit of spreading the initial 1st year's sales charge over 10 years. It may be assumed that the actual cost would be higher than computed.

After the actual close of the tender for administrator/communicator a proposal was received from M.S.C. Insurance Associates (in conjunction with B.S.I. Incorporated (Benefit Plan Consultants). M.S.C. is Montreal based and at the time only had a small office in Toronto. They did not have any experience with a large association program, and they did not have sufficient branch offices across the country to communicate the plans.

HARRIOTT'SPremium:

Life	\$1,000,000.
Disability	2,200,000.
General	<u>800,000.</u>
	\$4,000,000.

	<u>Administration</u>	<u>Communication, Average 3 years</u>	<u>Communication, Average 10 years</u>
Life	\$ 50,000.00	\$113,000.00	\$ 48,000.00
Disability	176,000.00	279,400.00	145,200.00
General	<u>80,000.00</u>	<u>157,600.00</u>	<u>120,000.00</u>
	306,000.00	550,000.00	313,200.00

Add 1% routine consulting: \$40,000.00

Add 1.5% new application charge: \$60,000.00

RATE COMPARISONS BETWEEN PRESENT AND NEW INSURANCE PLANSLIFE

The average reduction when compared with the current rates, is 25.3% up to age 65. From age 65 to age 79 there will be no rate reduction, but more insurance will be available.

65 - 69 coverage increased from \$25,000. to \$100,000.

70 - 74 " " " 12,500. to 25,000.

75 - 79 " " " 5,000. to 10,000.

(Coverages in these age brackets are limited to 50% of coverages in force when the member reaches the above age bracket.)

In the new plan "Dependent Life" is split away from "Group Life". Insurance in this section is not available after age 65. The average rate reduction is 43.9%.

Under the new plan coverages can be purchased in units of \$2,000. on the life of children. (maximum coverage \$4,000.) Rate \$2.30 per unit.

DISABILITY AND OFFICE OVERHEADDisability

The definition of disability in the new plan includes residual disability, under which a percentage of the monthly benefit, directly related to the percentage loss of earnings experienced as a result of disability, will be payable. Residual disability covers partial disability, rehabilitation in another branch of dentistry (teaching, administration) or in another profession. A year ago CNA suggested to add residual disability to the definition of the current plan. They indicated that this would increase premium by 7½%.

Another important factor to keep in mind when comparing rates, is the provision in the new retention agreement, for interest credits to the rate stabilization fund on reserves and cash flow. Over a period of 5 years the average credit to the plan would be more than 10% of premium per annum.

It is, therefore, apparent that, although the premium reduction to the participant will be an average of 7.5%, the real improvement to the plan in terms of rates is over 25%.

Office Overhead

The average rate reduction for an elimination period of 7 - 7 is 16.9%, for an elimination period of 14 - 14, the reduction is 10%. However, the interest improvement also applies to Office Overhead. The true reduction to the plan is, therefore, approximately 10% more than the percentages listed above.

ACCIDENTAL DEATH AND DISMEMBERMENT

The new rate per \$10,000. unit is \$8.05. The current rate is \$13.50, i.e. a reduction of 40.4%. The definition is improved to include "loss of use of" rather than "severance", and the rate is guaranteed for 3 years.

MALPRACTICE

The limit is increased to 1,000,000. (3,000,000. aggregate). According to CNA's quotes, the premium for 1978 for this coverage would have been \$167.00. Guardian's premium will be \$92.00, i.e. 44.9% less. For dental assistants and hygienists the premium with CNA would have been \$43.70. Under the new plan the premium will be \$16.00, i.e. 63.4% less.

Retired dentists - 5 year span.

CNA quoted a premium of	\$241.50
Guardian requests	\$138.00
i.e. 42.9% less.	

COMPREHENSIVE GENERAL LIABILITY

CNA's premium for 1978 would have been	\$20.70.
Guardian's premium will be	\$17.25, i.e. 16.7% less.

OFFICE CONTENTS, etc.Provinces other than Quebec & Maritimes

The new rates cannot be directly compared with the present rates, because the current plan does not have a deductible amount. The average reduction when we compare the present premium with the new is 28.0%. However, it must be noted that the reduction in the category Fire-resistant - protected, which is the largest category is 18.3%. If we compare CNA's quote (with \$250.00 deductible) with Guardian's requirement, the average reduction is 16.4%. In the largest category (Fire-resistant - protected) the reduction is only 1.2%.

Quebec and Maritimes

If the present plan (without a deductible) is compared with the chosen plan (with a deductible of \$250.00), the average premium is 33.6% less. The reduction in the Fire-resistant - protected category is 23.0%. If we compare CNA's quotes (\$250.00 deductible) with Guardian's requirements the average reduction is 25.0%. In the above mentioned category, the comparative premium is 9.6% less.



(Mrs.) Edith Schmidt,
Business Manager.

COMMENTS REGARDING NEW RATES

The new rates and the comparisons have been arrived at in the following manner:

Life, Disability and Office Overhead:

The net rates payable to the insurance companies in each age category have been grossed up by 15%, in order to arrive at the rates which will be payable by the participants. The average new rates have been computed by adding the rates of each age category and then dividing by the number of categories.

In Disability and Office Overhead the highest rate reductions can be found in the younger sections (as high as 11.7%). After age 40 they remain constant at approximately 5.2%.

In Life the highest rate reductions are in the age groups 40 - 49 (28.8%). The smallest reduction is in the age group 60 - 64 (16.9%). After age 65 there is no reduction.

In Office Contents the rate reductions in the different classes (Fire-resistant protected etc.) were added and then divided by the number of classes. The highest reductions are to be found in the poorer building categories (as high as 33.3%). In the superior type building class the reductions are as low as 1.2%. Approximately 90% of the participants are located in superior type buildings.

COMPARISON BETWEEN CHARGES (AND CREDITS) AGAINST THE PREMIUM
IN PREVIOUS AND NEW DISABILITY/OFFICE OVERHEAD PLAN

<u>Previous</u>	<u>Percentage of Premium</u>
Insurer's retention (including administration)	18.8%
Cost of direct selling	10.0%
C.D.S.P.I.	<u>5.0%</u>
	33.8%
No Credits	
<u>Current</u>	
Insurer's retention (excluding administration)	8.0%
Administration/Communication	8.1%
C.D.S.P.I.	<u>5.0%</u>
	21.1%
Interest credit on cash flow and reserves (conservative estimate)	<u>10.0%</u>
Net Charge	11.1%

22.7% of the premium which was previously eaten up will now go to the benefit of the plan.

The estimated earned premium in this plan in 1978 is \$2,200,000. This means that there will be \$500,000. more available every year for building up a proper contingency fund. The saving was taken into consideration when lower premium rates were set for 1978 at the same time as benefits were increased.

A-M-E-N-D-E-D

SUMMARY OF NEGOTIATED CREDITS

TO LIFE AND DISABILITY/OFFICE OVERHEAD STABILIZATION FUNDS (CONTINGENCY FUNDS)IMPERIAL LIFE

1) Interest on claim reversal	\$ 4,750.00
2) Interest on cash flow	8,435.10
3) Interest due to removal of level premium reserve	10,566.95
4) Return of 5% pooled portion premium reduction	13,032.61
5) Previous interest adjustment	(11,471.23 (1,032.41
Items 2), 3) and 4) will be repeated in 1977, estimated amounts	9,000.00 10,566.95 <u>13,032.61</u>
Total adjustment in favour of Life Stabilization Fund	<u>\$81,887.86</u>

CNA ASSURANCE

Adjustment credit due to change in retention format, excluding Accidental Death and Dismemberment Collector of premium fee - approximately	\$ 30,000.00
Interest adjustment	81,000.00 <u>\$111,000.00</u>
Life Program	\$ 81,887.86
Disability/Office Overhead	<u>111,000.00</u>
Total Adjustment	<u>\$192,887.86</u>

TOTAL NUMBER OF DENTISTS PER PROVINCE AS OF AUGUST, 1976

<u>PROVINCE</u>	<u>NUMBER</u>	<u>PERCENTAGE</u>
British Columbia	1,343	15.1%
Alberta	737	8.3%
Saskatchewan	278	3.1%
Manitoba	375	4.2%
Ontario	3,633	40.7%
Quebec	2,016	22.6%
New Brunswick	152	1.7%
Nova Scotia	249	2.8%
P.E.I.	43	.5%
Newfoundland	<u>88</u>	<u>1.0%</u>
	8,914	100.0%

LIFE INSURANCE AS AT JANUARY 1977

<u>PROVINCES</u>	<u>POLICIES</u>		<u>PREMIUM VOLUME</u>		<u>PENETRATION</u>
	<u>LIVES</u>	<u>PERCENTAGE</u>	<u>DOLLARS</u>	<u>PERCENTAGE</u>	
B.C.	566	12.4%	128,585	14.0%	42%
Alberta	380	8.4%	74,838	8.2%	52%
Saskatchewan	104	2.3%	21,154	2.3%	37%
Manitoba	234	5.2%	45,257	4.8%	63%
Ontario	2,434	53.4%	498,468	54.2%	67%
Quebec	567	12.4%	98,024	10.7%	28%
N.B.	78	1.7%	16,137	1.8%	51%
N.S.	102	2.2%	18,062	1.9%	41%
P.E.I.	23	.5%	3,272	.4%	53%
Newfoundland	38	.8%	7,945	1.0%	43%
Other	<u>31</u>	<u>.7%</u>	<u>6,459</u>	<u>.7%</u>	<u>---</u>
	4,557	100.0%	918,201	100.0%	51%

OFFICE OVERHEAD & INCOME PROTECTION AS AT MARCH 31, 1977

<u>PROVINCES</u>	<u>CERTS.</u>	<u>PARTICIPATION</u>		<u>%</u>	<u>PREMIUM VOLUME</u>		<u>PENE- TRATION</u>
		<u>%</u>	<u>PARTICIPANTS</u>		<u>DOLLARS</u>	<u>%</u>	
B.C.	1,509	14.1%	842	13.7%	392,483	15.7%	63%
Alberta	754	7.0%	434	7.1%	183,502	7.3%	59%
Saskatchewan	198	1.8%	126	2.0%	46,589	1.9%	45%
Manitoba	396	3.7%	241	3.9%	75,884	3.0%	64%
Ontario	5,061	47.1%	2,930	47.8%	1,224,615	48.9%	81%
Quebec	2,012	18.7%	1,102	18.0%	426,395	17.0%	55%
N.B.	246	2.3%	133	2.2%	42,210	1.7%	88%
N.S.	362	3.4%	203	3.3%	67,608	2.7%	82%
P.E.I.	63	.6%	37	.6%	13,120	.5%	86%
Nfld.	105	1.0%	60	1.0%	26,256	1.1%	68%
Other	<u>29</u>	<u>.3%</u>	<u>22</u>	<u>.4%</u>	<u>3,725</u>	<u>.2%</u>	<u>---</u>
	10,735	100.0%	6,130	100.0%	2,502,387	100.0%	69%

A.I.D. PLAN AS AT JANUARY 1977

<u>PROVINCES</u>	<u>POLICIES</u>		<u>PREMIUM VOLUME</u>		<u>PENE- TRATION</u>
	<u>NUMBER</u>	<u>PERCENTAGE</u>	<u>DOLLARS</u>	<u>PERCENTAGE</u>	
B.C.	353	15.4%	14,245.40	15.8%	26%
Alberta	231	10.0%	9,641.20	10.7%	31%
Saskatchewan	59	2.8%	3,127.00	3.4%	21%
Manitoba	61	2.6%	3,122.40	3.4%	16%
Ontario	980	42.7%	35,701.00	39.4%	27%
Quebec	423	18.4%	17,313.00	19.1%	21%
N.B.	63	2.7%	2,285.20	2.5%	41%
N.S.	70	3.0%	3,060.60	3.4%	28%
P.E.I.	22	1.0%	848.00	.9%	51%
Newfoundland	26	1.1%	912.80	1.0%	30%
Other	<u>6</u>	<u>.3%</u>	<u>393.20</u>	<u>.4%</u>	<u>---</u>
	2,294	100.0%	90,649.80	100.0%	26%

BUSINESS PACKAGE AS AT JUNE, 1977

<u>PROVINCES</u>	<u>POLICIES</u>		<u>PREMIUM VOLUME</u>		<u>PENETRATION</u>
	<u>NUMBER</u>	<u>PERCENTAGE</u>	<u>DOLLARS</u>	<u>PERCENTAGE</u>	
B.C.	186	10.8%	33,999.22	11.5%	14%
Alberta	39	2.3%	6,914.38	2.3%	5%
Saskatchewan	8	.4%	1,190.50	.4%	3%
Manitoba	15	.9%	2,515.80	.9%	4%
Ontario	1,258	73.3%	193,752.48	65.7%	35%
Quebec	191	11.1%	51,776.31	17.6%	9%
N.B.	9	.5%	2,490.75	.8%	6%
N.S.	10	.6%	2,085.48	.7%	4%
P.E.I.	---	---	---	---	---
Newfoundland	1	.1%	206.00	.1%	1%
Other	---	---	---	---	---
	1,717	100.0%	294,930.92	100.0%	19%

REGISTERED RETIREMENT SAVINGS PLAN AS AT OCTOBER 31, 1976

<u>PROVINCES</u>	<u>ACCOUNTS</u>		<u>MARKET VALUE</u>		<u>PENETRATION</u>
	<u>NUMBER</u>	<u>PERCENTAGE</u>	<u>DOLLARS</u>	<u>PERCENTAGE</u>	
B.C.	237	13.7%	3,439,380.13	14.6%	18%
Alberta	213	12.3%	2,871,090.09	12.2%	29%
Saskatchewan	51	2.9%	784,717.50	3.3%	18%
Manitoba	43	2.5%	704,819.83	3.0%	11%
Ontario	889	51.2%	11,673,985.29	49.6%	24%
Quebec	188	10.8%	2,484,412.61	10.5%	9%
N.B.	31	1.8%	435,092.18	1.9%	20%
N.S.	45	2.6%	610,798.77	2.6%	18%
P.E.I.	10	.6%	176,456.47	.7%	23%
Nfld.	19	1.1%	324,404.97	1.4%	22%
Other	<u>9</u>	<u>.5%</u>	<u>55,544.90</u>	<u>.2%</u>	<u>---</u>
	1,735	100.0%	23,560,702.74	100.0%	19%

MALPRACTICE & GENERAL LIABILITY AS AT JUNE, 1977
DENTIST'S PARTICIPATION PREMIUM VOLUME

<u>PROVINCES</u>	<u>POLICIES</u>	<u>PERCENTAGE</u>	<u>DOLLARS</u>	<u>PERCENTAGE</u>	<u>PENETRATION</u>
B.C.	1,194	28.2%	105,576	28.3%	89%
Alberta	718	17.0%	62,700	16.8%	97%
Saskatchewan	41	1.0%	3,642	1.0%	15%
Manitoba	313	7.4%	27,894	7.5%	83%
Quebec	1,503	35.6%	132,234	35.5%	75%
N.B.	131	3.1%	11,610	3.1%	86%
N.S.	206	4.9%	18,240	4.9%	83%
P.E.I.	33	.8%	2,898	.8%	77%
Nfld.	72	1.7%	6,444	1.7%	82%
Other	<u>15</u>	<u>.3%</u>	<u>1,314</u>	<u>.4%</u>	<u>---</u>
	4,226	100.0%	372,552	100.0%	80%*

* Ontario dentists were omitted when calculating total penetration.

HYGIENIST'S PARTICIPATIONPREMIUM VOLUME

<u>PROVINCES</u>	<u>POLICIES</u>	<u>PERCENTAGE</u>	<u>DOLLARS</u>	<u>PERCENTAGE</u>
B.C.	168	42.6%	3,360	42.6%
Alberta	46	11.7%	920	11.7%
Saskatchewan	---	---	---	---
Manitoba	20	5.1%	400	5.1%
Ontario	61	15.5%	1,220	15.5%
Quebec	69	17.5%	1,380	17.5%
N.B.	2	.5%	40	.5%
N.S.	20	5.1%	400	5.1%
P.E.I.	6	1.5%	120	1.5%
Newfoundland	2	.5%	40	.5%
Other	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
	394	100.0%	7,880	100.0%

SOME STATISTICS ON THE CDA RRSPPerformance

	<u>Common Stock</u>	<u>Fixed Income</u>	<u>Guaranteed Fund</u>
31 August 76 - 31 August 77	-3.2%	+14.1%	+8.0%
31 August 75 - 31 August 76	+5.1%	+11.9%	+7.6%

CDA RRSP Compared with Financial Post SurveyJune 30, 1977

In Common Stock 131 similar funds were measured. Over a period of one year the CDA Common Stock Fund ranked 98th. Over a period of five years the CDA fund ranked 78th.

In Fixed Income 29 similar funds were measured. The CDA Fund ranked 9th over a period of one year, 7th over a period of five years.

Composition of Assets

	<u>July 31, 1977</u>	<u>Percentage</u>
Common Stock	\$12,459,814.25	47.6%
Fixed Income	10,523,660.31	40.1%
Guaranteed Fund	<u>3,231,431.01</u>	<u>12.3%</u>
	<u>\$26,214,905.57</u>	<u>100.0%</u>

Investment Pattern

<u>Funds</u>	<u>1 March 76 - 28 February 77</u>		<u>1 March 77 - 31 August 77</u>	
	<u>Contributions - Percentages</u>		<u>Contributions - Percentages</u>	
Common Stock	\$ 874,523.82	26.3%	\$ 75,900.23	15.3%
Fixed Income	1,821,713.24	54.7%	302,211.50	60.9%
Guaranteed	565,867.05	17.0%	75,438.10	15.2%
Guaranteed Investment				
Receipts	<u>66,715.00</u>	<u>2.0%</u>	<u>42,509.23</u>	<u>8.6%</u>
Totals	<u>\$3,328,819.11</u>	<u>100.0%</u>	<u>\$ 496,059.06</u>	<u>100.0%</u>

The Guaranteed Investment Receipts account is not part of the actual CDA RRSP. C.D.S.P.I. is not receiving an administration fee.



(Mrs.) Edith Schmidt,
Business Manager.

September, 1977



CANADIAN DENTAL ASSOCIATION/L'ASSOCIATION DENTAIRE CANADIENNE

January 3rd, 1978

To the Presidents and Executive Directors/Secretaries of all Corporate Members of C.D.A..

re: The Participation Agreements for National-Provincial Insurance Plans.

We refer to the several Participation Agreements dated September 1st, 1977 made between the Board of Governors of the Canadian Dental Association and the Provincial Dental Associations named therein.

The Canadian Dental Association hereby acknowledges that the insurance Plans listed in the schedule to the Participation Agreements are National/Provincial Plans, and undertakes that all materials distributed to participants and prospective participants in the Plans will clearly indicate that this is the case.

Donald L. Rife, D.D.S., President,
Canadian Dental Association.

DLR/dt

"ST. JOHN'S MOTION" - C.D.S.P.I. (1975T96#37)

RESOLVED:

"Whereas the dentists of Canada have to date invested approximately \$19 million in the C.D.A.-R.S.P., and

Whereas the experts in the group investment programs are all agreed that the most successful plans are the most closely watched plans, be it

RESOLVED

That the Investment Committee be established by the Executive Council as a small but separate committee to enable it to concentrate on the C.D.A.-R.S.P. for the dentists of Canada and so ensure the best possible performance."

ADOPTED

CONSTITUTION AND BY-LAWS:ARTICLE XIV, Section 4(g)Council on Insurance and Investment

The Insurance and Investment Council shall consist of five members, representative of the Maritime Provinces, Quebec, Ontario, the Prairie Provinces and British Columbia and shall be elected by the Board of Governors from nominations submitted by the Corporate members. Members shall be eligible for three terms of three years each.

It shall be the duty of the Insurance and Investment Council:

- (i) to recommend to the Executive Council the kinds of insurance and terms of coverage which are desirable for the membership to carry and which can be advantageously purveyed to the membership on a group basis.
- (ii) to survey the insurance market to determine the costs, terms and conditions of available coverage.
- (iii) to negotiate and recommend for approval to the Executive Council the costs, terms and conditions of contracts with the chosen carriers.
- (iv) to periodically review the insurance contracts in order to determine the suitability of contracts, the possibility of improved terms and of more economic terms and to assess the proposals of competing carriers.
- (v) to recommend to the Executive Council the time and manner of distribution of surplus of reserve funds.
- (vi) to advise on and review Association sponsored pension and retirement savings plans.
- (vii) to recommend a premium collection agency and recommend to the Executive Council the terms of contract for premium collection.
- (viii) to receive an annual report from the premium collection agency and to review the premium collection function of the agency to determine its efficiency and economy.
- (ix) to report annually all actions to the Board of Governors for approval.

MEMBERS: J.E. Durran, Chairman, Hamilton; M.J. Crompton, Moncton;
R.A. Gray, Medicine Hat; R.L. Moran, Toronto;
R. Rasmussen, Calgary; J.C. Giguere, Quebec; and
Dr. H.L. Mussells, Montreal

R E P O R T

1. The primary function of any Association sponsored group benefit plan must be to provide the members of that Association with the maximum benefits obtainable, in the most efficient manner.
2. Some years ago, the C.D.A. began to offer and sponsor various insurance and retirement savings programs. The growth of these benefit plans; the need for better and more well-defined administrative control of these plans; the need for improvement in the relationships of the concerned Associations; and finally, the need for improved communication and accountability to all involved Dental organizations; all of the foregoing have made it necessary to reexamine the Benefit Plan delivery, development and administration and come forward with the proposals for changes where necessary. Therefore, this Ad Hoc Committee was set up, at the direction of the C.D.A. Executive Council. The terms of reference are as follows:

That this Ad Hoc Committee shall:

- (a) include three (3) members from C.D.S.P.I. and three (3) members from C.D.A., two (2) of whom will be from the C.D.A. Executive and one (1) from the Insurance Council.
 - (b) investigate areas of overlapping interests and report to Executive of C.D.A. and C.D.S.P.I. Boards.
 - (c) be instructed to investigate, in depth, the total ramifications of computerization as to loss of control, portability, practicability, management and effect on the C.D.S.P.I., together with confidentiality of records.
 - (d) investigate the budget and funding of the activities of the Insurance and Investment Council.
 - (e) examine the system by which C.D.A. provides insurance to its members outlining C.D.S.P.I.'s role in this system.
3. The Committee, with the approval of the C.D.A. Executive Council, appointed Harriott and Associates of Canada Ltd., Winnipeg, Man. as Consultants to carry out specific assignments.

4. As the Ad Hoc Committee studied the various resource documents which became available, it became obvious that we had to develop a concept which would streamline the entire operation and eliminate the overlapping of duties, functions and lack of communication between concerned groups.

Moreover, the Committee was very concerned about developing a system which could realize the objectives of all participants, while assuring them that the appropriate controls and safeguards were included which would allow them to permit the system to operate without political overtones. We believe that our recommendations, as submitted, will accomplish this.

In summary, the recommendations of the Ad Hoc Committee are as follows:

- (a) Combine the activities of the C.D.A. Council on Insurance and Investments and the C.D.S.P.I. and create a new vehicle using the name C.D.S.P.I.
- (b) Establish the order of authority and accountability as diagrammed in the attached chart.
- (c) Start the necessary procedures to clearly establish the relationships and responsibilities between the policy or plan vendors and the national associations and the provincial associations.
- (d) Return complete control on all benefit plans to the association. (see section on computerization)
- (e) Recommend acceptance of an agreement between the C.D.A. and the corporate or provincial members as detailed subsequently.
- (f) Recommend approval of the "C.D.A. Benefit Plans Agreement" as recorded separately.
- (g) Recommend acceptance of the Contractual Agreement between C.D.A. and C.D.S.P.I. as attached.
- (h) Restructure the C.D.S.P.I. Board.

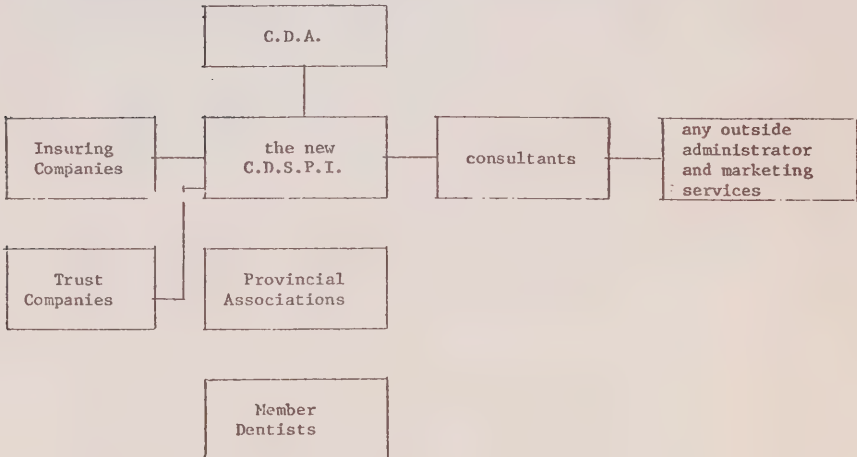
Comment on Recommendations

5. (a) Consultants to the Committee were strong in the opinion that one body should be doing the work of the "Benefit Plan Committee" of the Association. The name of the committee which is responsible to the C.D.A. is not important, except as it relates in the minds of the participants. Therefore, the Committee recommended the retention of the name C.D.S.P.I.

As mentioned in the introduction to this report, it became obvious to the Committee that efficiency and responsibility required that one "body" be established which had complete responsibility for all "Benefit Plan" business. Moreover, if the participants are to realize the maximum benefit, the organization which is structured to deliver these benefits must have clearly defined responsibilities. The Ad Hoc Committee believes that the "Contractual Agreement between C.D.A. and C.D.S.P.I." assures this.

Further, the Committee believes that it is time for all concerned representatives to realize that the "Benefits Plans" exist for the profit of the participants, and, if a fail - safe system of reporting and communicating is established, the previous concerns with regard to this program should disappear. We believe that the undertakings proposed for the C.D.A., the new C.D.S.P.I. and the Corporate or Provincial bodies assure this result.

- (b) The order of authority or accountability as I see it is as follows:



When the organization chart is studied at the same time as the responsibilities of C.D.A., C.D.S.P.I. and the Provincial and Corporate organizations, then the Committee believes that the rationale for this arrangement becomes evident. All relationships will provide for communication and accountability in both directions i.e. upstream and downstream.

- (c) At the outset, this recommendation means that it is mandatory that the Master Policy and other Plan Agreements be between the C.D.A. and the policy and plan vendor. Provincial and Corporate protection is provided by the ability to opt out with due notice. The flow of information which is predicted will enable each Plan Member (Corporate or Provincial) to assess his particular performance and the performance of the Plan on a quarterly basis. (See information to be disseminated by C.D.A.)

Motion passed by the Ad Hoc Committee:

"That all Master Policy and other plan agreements be between the C.D.A. and the policy or plan vendor. Further, that a separate agreement between the C.D.A. and its various individual corporate members be established. This last contract would contain the necessary provisions that would provide each province or corporate member with the security, and/or power, and information dissemination it may require, and also clearly set out the roles to be played by and between the C.D.A., the corporate or provincial members and C.D.S.P.I.

- (d) In order to have complete control of all benefit plans, the Association, through its contract with C.D.S.P.I., must have complete records of all participants in the Plans. This means that any form of computerization must be controlled by C.D.S.P.I. At the moment, this is not the case and it has been a difficult task to regain control of all participant records which were computerized under the Hallmark system. C.N.A. has now agreed to print out status reports on all participants on a quarterly basis. Our consultants attached the highest priority to the retention of this information and they described the very real dangers which result from loss of control of records. This must not be allowed to recur.

The fact remains that computerization was and is a necessity in order to efficiently manage the number of accounts which

are administered at C.D.S.P.I. However, the computerization must be done in such a manner that it is compatible with the retention of all records for the Association.

(c) C.D.A. - CORPORATE OR PROVINCIAL RESPONSIBILITIES AGREEMENT

1. Each province will specify which one of its dental organizations will be responsible for the benefit programme in that province.
2. Form a benefit committee.
3. Dissemination of information regarding pensions and plans.
4. Encourage participation.
5. Respect for confidentiality when required.
6. Provide information re provincial needs and concerns.
7. Provinces will provide twelve months' notice prior to the anniversary date for withdrawal from any agreements regarding policies or plans.

Comment - This proposed agreement is self-explanatory with the possible exception of point 5, which refers to the fact that Plan Benefits etc. are confidential to the entire group and not to be used as a basis for negotiation with other carriers on a Provincial level.

The continued success of all Benefit Plans depends, in large measure, on the ability of those supporting the plans to encourage participation by a large number of new members. The consultants have emphasized in private conversations that the health of the Plans is dependent on younger age groups moving into the Plans each year. This is an important task for all concerned.

(f) * C.D.A. BENEFIT PLANS AGREEMENT

1. C.D.S.P.I. shall represent the C.D.A. in all benefit programmes.
2. The C.D.A. shall disseminate to the benefits committee of each province and C.F.D.S. in an updated annual report information as required regarding:
 - (a) Benefit plan content
 - (b) Benefit changes

- (c) Retention funds
 - (d) A review of plan experience
 - (e) Activity listings showing participants, benefits and premiums, etc. by provinces.
3. C.D.A. will make an annual presentation to provincial and C.F.D.S. benefit representatives.
 4. C.D.A. will encourage participation in the plans.

* Insurance and Investment, etc.

Activity listings, by provinces, will probably be available on, at least a quarterly basis, which should encourage the provincial and National Committees to promote whenever possible.

(g) CONTRACTUAL AGREEMENT BETWEEN C.D.S.P.I. AND THE C.D.A.

1. C.D.S.P.I. shall be the body representing C.D.A. in all areas of member benefit matters and shall be answerable and accountable to C.D.A. for all its actions.
2. C.D.S.P.I.'s duties shall include:
 - (a) Developing the various kinds of benefit plans for presentation to the dental profession in this regard:
 - (i) Negotiate premium costs, commissions and other charges, insurer's retention and plan provisions to determine the most favourable net costs commensurate with the required service, and then select the appropriate insurance or other companies and trustees and finalize contracts with them after approval of the C.D.A.
 - (b) Periodically review, study and approve existing benefit plan contracts, wordings and forms to insure that the C.D.A. benefit plans are kept current and competitive. Change in plan philosophy must be approved by C.D.A. Administration changes would normally be dealt with by C.D.S.P.I. All administrative changes would need ratification by C.D.A. and C.D.S.P.I. respectively.

- (c) Review the experience of each benefit plan, at least, annually and negotiate on behalf of C.D.A. any dividends and/or experience ratings accruing therefrom and recommend to C.D.A., the disposition of any such funds.
 - (d) Administration of retention funds through a trust agreement with the C.D.A.
 - (e) Develop an effective administrative service to serve the dental profession and this administrative service to include:
 - (i) The collection of all premiums and contributions for the various benefit plans and the appropriate disbursements of these funds.
 - (ii) The maintenance of records of all participants that current reports will be available at any time showing the details of each participant's programmes, group experience or any other areas that may be of concern.
 - (iii) Involvement in the settlement of all insurance claims and generally acting as a liaison between the insureds and the insurers in this regard.
 - (iv) Answering all questions on insurance coverage, RRSP's accounting and claims to participants as requested.
 - (v) Providing assistance where or when required in the deregistration of RRSP's and in the purchase of annuity contracts.
 - (vi) Providing the necessary annual cost accounting for each benefit plan as well as a consolidated annual statement.
 - (f) Exercise guidance and control over the promotion and merchandising of all association sponsored plans.
 - (g) C.D.S.P.I. will negotiate the cost of services provided to the C.D.A. This will include the "withhold" from premium dollars and the use of retention monies for administration, consulting and merchandising.
3. It is understood that while C.D.S.P.I. will be responsible to C.D.A. for all functions previously delineated, C.D.S.P.I. may at their discretion determine which of these functions they may wish to perform within C.D.S.P.I. offices and which of these functions they may wish to

contract out in order to maximize the service and efficiency of the total programme for the benefit of the dental profession.

Comment - This section is self-explanatory

- (h) The Committee recommends that the C.D.S.P.I. Board be composed of six (6) members. The composition of the Board is suggested to be as follows:

One from British Columbia
One from Alberta, Saskatchewan, and
Manitoba
One from Ontario
One from Quebec
One from Atlantic Provinces
One from C.D.A.

Representatives to the Board are to be elected or appointed by the respective Provinces or regions. It is hoped that the Board members would have prior experience on their Provincial benefit committees.

Representatives should have a reasonable tenure. Terms of three (3), three (3) year terms are suggested for a maximum of nine (9) years. In order to maintain continuity, this suggestion would have to be modified at the outset. This arrangement should await legal advice. If a region or province wishes to withdraw their representative they can replace him with another, but the term, only, would be fulfilled.

6. The Committee wishes to draw attention to the fact that representation on the Board has not tried to satisfy any of the requirements generally associated with "representation by population" or "representation by participation". Rather, the Committee is satisfied that when the operation of the Benefit Plans is considered as a "business operation" for the "profit" of the individual participants, there is no need for the political considerations which have existed in past times. The new entity will have to satisfy all concerned groups that it is operating in the best interests of all and it can do that by means of adequate reporting to Provincial and Corporate Benefit Committees, while at the same time operating within the terms of the agreements which have been recommended.

CONCLUSIONS

7. This report reflects the opinions of the members of the Ad Hoc Committee who were requested to perform specific tasks. It has taken the form of a developing concept which can be

translated into action by the "groups" concerned. The Committee believes that it has developed a philosophy for the continued successful operation of the "Association-sponsored group benefit plans" which incorporates the necessary controls and guidelines. It also believes that the philosophy can be applied to any aspect of the Insurance or Investment programs which are presently operated. The Committee lays no claim to infallibility and will welcome all constructive criticism from whatever interested parties.

Executive Council agrees with a restructuring of the C.D.S.P.I. Board of Directors and recommends that the C.D.A. and the Corporate Members develop a formula for representation during the next year to be reported at the annual meeting of the C.D.A. Board of Governors.

The Board agrees.

RESOLVED

That the Executive Council of the C.D.A. appoints the Finance Committee to be trustees of the C.D.A. insurance premium stabilization fund for a period of one year and further that a trust agreement be drafted between the trustees of the fund and the C.D.A.

Adopted

RESOLVED

That whereas the insurance program has been reviewed by the CDA/CDSPI Ad Hoc Committee and

Whereas the programs themselves have not been changed for one year, and

Whereas the investment program requires review, and

Whereas the C.D.S.P.I. Board has the necessary information available to it for study.

Be it resolved that the C.D.S.P.I. Board be appointed as an interim Insurance and Investment Council until the next annual meeting of the C.D.A.

Adopted

RESOLVED

That Whereas there is a need to establish a formula of representation on the C.D.S.P.I. Board of Directors, the Executive Council recommends that the previous recommendation be amended by the following:

Moved that representation on the Board be as follows: one (1) from British Columbia, one (1) from Atlantic Provinces; one (1) from Quebec, two (2) from Ontario, one (1) from Manitoba, Saskatchewan, Alberta, one (1) from C. D. A.

Adopted

RESOLVED

That the Terms of Reference of the Interim council of Insurance and Investment (C.D.S.P.I. Board) will be the amended terms of reference of the C.D.A. Council on Insurance and Investment as they appear in the Report of the Council on Constitution and By-laws, Article 14, Section 4(9) i to x.

Adopted

Respectfully submitted,

J.E. Durran (Chairman)
CDA/CDSPI Ad Hoc Committee

CANADIAN DENTAL SERVICE PLANS INC. ACTIVE MEMBERS

Canadian Dental Association

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Rawdon, Quebec JOK 150
Phone 1-514-834-2375

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Toronto, Ontario M6B 3A7
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College of Dental Surgeons of B.C.

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Phone 1-604-987-5221

Dr. D. Yeo
2075 Westbrook Place
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Phone 1-604-922-4813

CANADIAN DENTAL SERVICE PLANS INC. (BOARD OF DIRECTORS)

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MILLARD, DESLAURIERS & SHOEMAKER

CHARTERED ACCOUNTANTS

TELEPHONE: 598-3767

425 UNIVERSITY AVE., TORONTO, CANADA M5G 1T6

AUDITORS' REPORT

To the Directors of
Canadian Dental Service Plans Inc.

We have examined the balance sheet of Canadian Dental Service Plans Inc. as at July 31, 1977 and the statements of income and unappropriated surplus for the year then ended. Our examination was made in accordance with generally accepted auditing standards and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, these financial statements present fairly the financial position of the company as at July 31, 1977 and the results of its operations for the year then ended in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

TORONTO, CANADA

August 24, 1977



Chartered Accountants



CANADIAN DENTAL SERVICE PLANS INC.

Incorporated without share capital under the laws of Canada

BALANCE SHEETAS AT JULY 31, 1977

(with comparative figures as at July 31, 1976)

ASSETS

	<u>1977</u>	<u>1976</u>
Cash on hand and in bank	\$ 933,269	\$ 867,612
Accounts receivable	<u>41,283</u>	<u>45,987</u>
	<u>\$ 974,552</u>	<u>\$ 913,599</u>

LIABILITIES AND SURPLUS

Accounts and trust funds payable	\$ 453,451	\$ 456,580
Surplus		
Reserve funds	200,000	200,000
Unappropriated surplus	<u>321,101</u>	<u>257,019</u>
	<u>\$ 974,552</u>	<u>\$ 913,599</u>

The accompanying notes form an integral
part of these financial statements.

CANADIAN DENTAL SERVICE PLANS INC.NOTES TO FINANCIAL STATEMENTSJULY 31, 1977

1. Accounting policy

Consistent with prior years, equipment purchases are charged to operating expenses.

2. Commitments

The corporation is party to a lease of office premises for a term of three years commencing September 1, 1976 at an aggregate annual cost of \$16,000.

3. The corporation has made payments to or on behalf of long-term employees entitlements to date under employment regulations providing for remuneration on termination of their services. Effective August 1, 1976 the regulations were amended and the entitlement provision was deleted.

CANADIAN DENTAL SERVICE PLANS INC.STATEMENTS OF INCOME AND UNAPPROPRIATED SURPLUSFOR THE YEAR ENDED JULY 31, 1977

(with comparative figures for the year ended July 31, 1976)

	<u>INCOME</u>	
	<u>1977</u>	<u>1976</u>
Income		
Administration fees	\$ 271,082	\$ 237,660
Interest earned	69,544	55,457
Sundry	-	1,087
	<u>\$ 340,626</u>	<u>\$ 294,204</u>
Expenses		
Professional and consulting fees	\$ 16,215	\$ 41,346
Promotional fees	5,630	7,731
Retendering expenses	41,591	-
Equipment purchased (Note 1)	3,927	478
Equipment maintenance and rental	1,312	1,055
Board expenses	14,490	15,156
Board honoraria	34,280	18,960
Rent	14,491	29,440
Bank charges	990	569
Salary and salary charges	129,036	123,114
Postage	5,191	7,771
Office expense and general	25,185	19,826
Telephone	9,060	6,860
Manager's expense	1,594	614
Grant	2,000	1,300
Moving	2,949	166
Pension - upgrading	9,735	-
	<u>\$ 317,676</u>	<u>\$ 274,386</u>
Operating income	\$ 22,950	\$ 19,818
Non-operating interest income	41,132	38,030
Termination payments (Note 3)		
Employees	-	(11,110)
Retiring administrator	-	(12,275)
	<u>\$ 64,082</u>	<u>\$ 34,463</u>
Net income for the year		
	<u>\$ 64,082</u>	<u>\$ 34,463</u>
<u>UNAPPROPRIATED SURPLUS</u>		
Balance - opening	\$ 257,019	\$ 222,556
Net income for the year	64,082	34,463
	<u>\$ 321,101</u>	<u>\$ 257,019</u>

The accompanying notes form an integral
part of these financial statements



MINISTER OF NATIONAL HEALTH AND WELFARE

MINISTRE DE LA
SANTÉ NATIONALE ET DU BIEN-ÊTRE SOCIAL

OTTAWA, K1A 0K9

JAN 17 1978

Mr. L.A. Stevenson,
Executive Director,
Canadian Dental Association,
1815 Alta Vista Drive,
OTTAWA, Ontario.
K1G 3Y6

Dear Mr. Stevenson:

This is in reply to your letter of November 3, 1977, addressed to Dr. D.D. Gellman, Director General, Health Standards, a copy of which you sent to me.

You refer to the meeting between Dr. Gellman and other officers of the Department and the Executive Council of your Association on December 18, 1976. The meeting was held to discuss Dr. Gellman's letter of September 20, 1976, requesting the Canadian Dental Association's assistance in identifying priorities for the development of guidelines for dental services. At the conclusion of that meeting Dr. Gellman was assured by the then president, Dr. M.J. Cipton, that he would receive a reply in writing advising the Department of the Association's views on the request. He never did receive a reply and your letter of November 3, 1977, is the first official indication that the Canadian Dental Association wished to have a further explanation of why the Department is promoting and facilitating the development, by health professionals, of guidelines for health services.

At the meeting in December 1976, Dr. Gellman provided the Executive Council with a working document on standards and guidelines in medical practice, which explains the Health Standards Directorate's role. A

Mr. L.A. Stevenson

copy is appended to this letter. You will note that it explains that, in 1973, the Conference of Deputy Ministers of Health established an Advisory Committee on Health Standards to promote and coordinate the development of guidelines in the health care field. The Conference of Deputy Ministers of Health is composed of the deputy ministers of health from each province, the Deputy Minister of National Health and Welfare, and a representative from the two Territories. Thus, the concept of promoting the development of national health services guidelines was endorsed by both levels of government.

The Federal Government has a general responsibility for the health of Canadians. To this end we have led the way in development of hospital insurance and medical care programs and provided funds for these programs as well as for many other activities. For example, the Health Resources Fund assists with the construction of teaching facilities in the dental and other health sciences. The Medical Research Council and the National Health Research and Development Program support a wide range of research projects. Nevertheless, it is not the Federal Government which is setting the health care guidelines. The members of our working groups and task forces are essentially practising, non-government, health professionals. We act to encourage, facilitate and coordinate the development of Canadian standards or guidelines in the health field. We are encouraging the dental professions, as with other health professions, to set guidelines. By working with the dental professions to develop guidelines for dental services, we hope to create national guidelines that will have wide applicability and acceptability within provincial health programs but with sufficient range to provide flexibility for each jurisdiction to adapt them to their own circumstances.

Mr. L.A. Stevenson

We are not looking solely at health services in private practice, be they dental or medical. The guidelines will be designed to cover all settings where dental services are provided; for example, public health agencies, schools, hospitals, research and teaching institutions as well as private practice.

The Canadian Dental Association is only one of a number of national dental associations, just as the Canadian Medical Association is only one of many national medical associations. Dr. Gellman wrote directly to some of the other national dental associations, such as the Canadian Society of Oral Radiologists, the Canadian Dental Hygienists' Association, the Canadian Society of Public Health Dentists, and the Association of Canadian Faculties of Dentistry. He has received widespread support for the dental guidelines program from these organizations and has received many nominations for the two proposed working groups, on oral radiological services and on preventive dental services.

I understand that at least five of the corporate members or provincial associations within the Canadian Dental Association have written to you proposing nominations for these two working groups. This seems to indicate they too strongly support the idea of developing guidelines.

On the basis of this positive response from representatives of the dental profession, we intend to proceed with this work. We hope that, with this further explanation, the cooperation of the Canadian Dental Association will be forthcoming.

Yours truly,



Monique Bégin

Encl.

STANDARDS AND GUIDELINES IN MEDICAL PRACTICEA WORKING PAPER

In 1973, the Conference of Deputy Ministers of Health established an Advisory Committee on Health Standards, with the following terms of references:

Role

- To promote and coordinate the development of guidelines in the health care field that would have wide applicability and acceptability within provincial health programs but with sufficient range to provide flexibility for each jurisdiction to adapt them to their own circumstances.

Objectives and Functions

- To collect, collate and distribute existing standards.
- To arrive at a consensus on priority areas in which the development of guidelines should proceed.
- To devise mechanisms through which guidelines can be developed.
- To maintain liaison with governmental and non-governmental agencies concerned with the development of guidelines in the health care field.
- To promote the review of standards on a regular basis.

In the same year, a Health Standards Directorate was established in the Health Programs Branch of the Department of National Health and Welfare, to work with the Federal/Provincial Advisory Committee. The Directorate's role is:-

To encourage, facilitate and coordinate with other directorates, other federal departments, provincial governments and national organizations, the development of Canadian standards or guidelines in the health field and to promote their adoption.

It should be noted that in both instances the emphasis has been placed on "promotion" and "encouragement" of the development of standards. It is not felt that either the Committee or the Directorate has, or ever can have, sufficient expertise to write standards or guidelines themselves in the many fields with which they must be concerned. The health field is a vast one and many aspects of it could benefit from the existence of standards. Each topic will require different types of expert professional knowledge and experience.

There is, of course, nothing new in the idea of developing standards and guidelines in the health field. The health professions have had educational standards for many years. The Canadian Council on Hospital Accreditation has standards against which it assesses the different types of institutions it inspects. The Canadian Standards Association and the Canadian Government Specifications Board have developed standards for a number of items of medical equipment. Through the Food and Drug Act and the Radiation Emitting Devices Act, the Department of National Health and Welfare has proclaimed Regulations which establish mandatory standards for purity of drugs and safe use of radiological equipment, and is now beginning to move also into the field of medical devices. The Quality of Care and Research sub-committee of the Federal/Provincial Advisory Committee on Health Insurance has developed, through a series of Task Forces and Working Parties, guidelines for special care units in hospitals, for ambulance services, for levels of care classifications, and for a number of other subjects.

Standards in the field of clinical practice are much less well defined. The provincial licensing authorities have responsibility for the standards and quality of medical care. Until recently, their attention has been confined almost entirely to assuring that a candidate had reached the required standard to qualify for a licence to practice or to be recognized as a specialist. As a rule, it was only if complaints were received, or a physician was involved in criminal proceedings, that they concerned themselves with how the licensed physician actually practiced. This is beginning to change. Some provincial licensing bodies have developed review committees to consider the cases of individual physicians referred to them by provincial medical care

plans because the volume of their practices appear, statistically, to be aberrant. The need for regular re-assessment of physicians' capabilities is being critically considered.

Individual hospitals are responsible for the standards of care given by their medical staffs. In general, however, the guidelines as to what constitutes satisfactory quality have not been written down. Much of the evaluation is subjective. The exceptions are those hospitals, still relatively few, that have established formal medical audit programs.

It is recognized that no standards can be formulated which would cover every conceivable situation. This is why the term "guideline", which has less rigid implications, is often more appropriate. Similarly, standards and guidelines cannot anticipate every possible complication. Therefore, they must be administered flexibly and with understanding so that the physician who feels that they are inappropriate in an individual patient, and has a reason to deviate from them in individual patients, should not be subject to criticism. Similarly, the physician who is making a systematic study in an attempt to establish a better standard should not be criticized. It is suggested, however, that if a consensus can be reached as to the most appropriate way to manage a particular condition in the "usual" case, most physicians should, and would, be prepared to follow that approach unless they had reasons, acceptable to their peers, for doing otherwise.

Why do we need guidelines?

At a recent conference on Quality of Care and Medical Education organized by the Royal College of Physicians and Surgeons of Canada, the College of Family Physicians of Canada and the Association of Canadian Medical Colleges, the need for the development of norms and guidelines of good practice was a recurring theme. It was felt that until an attempt was made to define, in this way, what constituted "good" care, it would be impossible to assess the effect of any particular approach to medical education, and particularly to continuing medical education.

It is sometimes suggested that proper guidelines for clinical practice already exist, in the text books and medical literature. This is questionable. Data which have become available from the

hospital and medical insurance plans confirm, as was previously suspected, that patterns of practice differ significantly across Canada. Either the doctors concerned are reading material which give very different advice, or they are interpreting them differently, or they are adopting guidelines from many other sources. In the years 1967 to 1972 inclusive, the rates of hysterectomy and cholecystectomy, but not appendectomy, increased dramatically throughout Canada. They also differed markedly between provinces, to a degree which cannot be explained by differences in age distribution. It is highly unlikely that these changes and differences can be explained by differing morbidity patterns.

Governments have an overall responsibility to ensure that the people of Canada are receiving the highest quality of health care which can be achieved with the financial and manpower resources which are to be allocated to it. The responsibility for efficient and effective distribution of facilities lies with governments, which should listen to advice from professionals and public before acting. The responsibility for quality of care at the clinical level, however, is the responsibility of the professions and is expected to remain with them so long as they are discharging this responsibility effectively.

Discharge of this responsibility by the professions implies a serious attempt to define what constitutes an acceptable standard of care, and a systematic procedure of peer review to ensure that the standard is being achieved by most people most of the time.

How would standards or guidelines be used?

The existence of a well-publicized set of guidelines for good quality clinical practice would have a number of uses, many of which are implicit in what has already been said in this paper.

First and foremost, the individual practitioner would have a standard against which to evaluate himself, and from which he could learn. If he is consistently doing less than the guidelines suggest in the management of patients with a particular condition, he is probably not achieving an acceptable standard. If he is consistently doing more, he is probably wasting resources and may

even be running the risk of harming his patients. The words "consistently" and "probably" are used advisedly. The nature of medical practice and the variation amongst patients due to social, economic and ethnic backgrounds are such that any rule will have many exceptions; but is it too much to ask that a physician should think through the reasons for the exceptions in his practice, and justify them to himself?

The existence of acceptable guidelines would be of assistance to medical educators at the undergraduate, postgraduate and continuing levels. A number of studies suggest that the differences in the ways doctors practice - for example in their use of hospitals and laboratories - are in part determined by when and where they were educated. Presumably not all the approaches are equally effective, and even if they are, some certainly require more resources than others. Use of additional resources without corresponding increase in effectiveness is wasteful. The key to correcting this is the incorporation of widely accepted guidelines of practice into the educational curriculum.

Peer review is here to stay. To be effective, a peer review group should determine in advance the standards it expects. To be fair, the doctor should know in advance what standards are expected of him. This is especially important if peer review is to make a contribution to continuing medical education - as it should.

Finally, the existence of written guidelines may help limit the tendency to over-treating and over-investigating because of fears of a malpractice suit. At present, in judging malpractice cases, the courts must determine what would normally have been done by a doctor with the experience of the defendant. In determining this, the courts at present have to depend upon the opinions of the expert witnesses who are called by the parties involved. The existence of agreed-upon guidelines would provide better evidence of customary practice.

How would standards be developed?

At first sight, the problem of developing guidelines for managing patients with the thousands of ailments that people suffer from seems overwhelming. In fact, a relatively small number of conditions account for a large proportion of patients cared for by doctors.

For example, twenty procedures account for nearly half the surgical operations performed in acute general hospitals. Twenty-four diagnoses account for over half the separations from acute general hospitals. The same appears to be true in much office practice. Approached in this way, the problem is not overwhelming. If standards could be developed for 100 procedures and diagnoses, most medical care would be covered.

Three national medical organizations that are not confined to single sub-specialities, i.e., l'Association des médecins de langue française du Canada, the College of Family Physicians of Canada, and the Royal College of Physicians and Surgeons of Canada, have been invited to form a steering committee to work with the Federal/Provincial Advisory Committee on Standards, through the Health Standards Directorate of the Health Programs Branch of the Department of National Health and Welfare. It is proposed that the Advisory Committee will determine priorities; that the Directorate will prepare background papers including statistical data on the conditions to be considered, and such guidelines as may exist in the medical literature; and that the steering committee will select a small group of appropriate professional experts who would be responsible for the actual development of guidelines.

The procedure will vary according to circumstances. No doubt it will begin with a study, in the light of the committee members' personal experience, of the background papers. More literature searches may be required, or more statistical data. Information may be requested from other individuals or provincial divisions or chapters. A secretariat from the Health Standards Directorate will assist with this. As a result of this study, the expert committee may be able to decide that a consensus exists as to guidelines presently being followed and/or guidelines which should be followed. Alternatively, the committee may find it impossible to reach a consensus, but may point the way for a research study to determine an appropriate standard.

According to the field, guidelines may be required in one or more of several areas. For example, frequency of visits, history, examination and investigation in pregnancy in a healthy woman, (which may depend on age and parity and previous obstetric history); criteria for performing certain elective surgical

procedures; length of stay in hospital; criteria for admission to hospital; frequency and content of a "check-up" in apparently well people at various ages; standard diagnostic procedures, e.g., in a newly discovered mild hypertensive; standard immunization schedules; etc. There are many more examples which could be given.

The expert committees should try to arrive at guidelines which are a reasonable compromise between the desire to give the best conceivable care for the individual patient with an individual condition and the need to spread resources so as to give the best possible care to as many individuals as possible with a variety of conditions, bearing in mind the ability of the community to provide financial and other resources for health care services.

MEMBERSHIP COMMITTEE - MINUTES
CANADIAN DENTAL ASSOCIATION
11 JANUARY 1978

Meeting No. 1

A meeting of the Membership Committee was held on Wednesday, January 11, 1978, in the Board Room of the Canadian Dental Association, 1815 Alta Vista Drive, Ottawa, Ontario.

Executive comment shown in italics.

ATTENDANCE

01 The following were present: Attendance
Dr. H.L. Mussells, Chairman
Dr. M.J. Crompton, Executive Council Liaison
Dr. C. Covit
Dr. R. Gray
Mr. L.A. Stevenson
Mr. G.P. Watts
Ms. Linda Teteruck

02 ADOPTION OF AGENDA

Motion: Gray/Covit Adopt Agenda

Be it resolved

That the agenda be adopted as written.

Carried.

03 LIFE MEMBERSHIP:

Dr. Mussells reminded the Committee that the Executive Director had been directed by the Executive Council to formulate a mechanism to report and record life membership in the association as defined in the CDA By-laws.

Executive Comment: That this matter be referred to the Council on Constitution & By-Laws, in view of the fact that where there is voluntary membership, an individual is able to be in practice for many years without membership, then, in the year before retirement obtain membership and apply for life membership the subsequent year.

03.1 The question of eligibility arose and the committee members noted definition of that there were problems inherent in the definition of life membership life membership as it presently stands such that an individual may apply for life membership even though he is a member in good standing of the CDA for membership ques- tioned M.J.C. only the year of application. As a result of these and other questions to report to by the committee, Dr. Crompton, Executive Council liaison was requested Executive to bring forth the concerns of the Membership Committee to the Executive Council.

Memb. Comm. 11/1/78

- 03.2 In order to activate the motion and by-laws as they presently stand, the Committee voted to notify all those who are eligible for life membership in Ontario and Quebec, request them to complete an application for life membership, obtain approval for membership by the Executive Council and then return any membership payments which have been received from them to date.

Life Memb.
activated
APPENDIX
VI-A

- 03.2 Motion: Gray/Covit:

That all members in Ontario and Quebec who are eligible for life membership in the Canadian Dental Association be notified of such, and upon application for membership and approval by the Executive Council, be reimbursed their membership fees *for the current year*

Carried.

Executive Council agrees.

Mr. Stevenson indicated to the committee that it was anticipated that eventually a new category would be created on the membership listings indicating the age and year of graduation of the dentist. All dentists who would qualify for life membership could then be extrapolated and notified of their eligibility for life membership.

04 REPORT ON 1978 MEMBERSHIP

04.1 Ontario

APPENDIX
VI-B

Dr. Mussells indicated to the Committee that to date, membership in Ontario was 1,948.

04.2 Quebec

It was also reported that membership in Quebec to date was approximately 800.

Dr. Covit asked if life members in Quebec would be considered as part of the Quebec representation and was told by Dr. Mussells that this was so.

Dr. Covit also informed the committee that the Quebec membership campaign was well on its way with the first letter already out and the second notice expected to be sent out to all non members on January 16.

05 MEMBERSHIP DIRECTORY (PURPLE AND BLUE PAMPHLET)

Dr. Mussells expressed the disappointment of the Membership Committee on the quality of the membership and general information pamphlet on the C.D.A. as produced by the Houston Group for the Academy of Dentistry Winter Clinic.

Memb.
pamphlet
poor -
revised
APPENDIX
VI-C

As directed by the Executive Council, the Membership Committee proceeded to update and revise the pamphlet as indicated by the revisions and changes listed below:

It is the recommendation of the Membership Committee that the following changes be made in the membership pamphlet:

- the words "please take me home" be deleted from the front cover
- the colour of the cover be changed to that of a blue background and red lettering such as on the CDA student membership pamphlet
- the positioning of the names D. L. Rife, President and L. A. Stevenson be reversed in the section Board of Governors, Officers
- all inaccuracies be corrected in the section entitled Board of Governors, Members
- the section entitled "Full-Time Staff in Ottawa Office" be revised by the Houston Group to conform to the actual contents of that section
- reference should be made in the section entitled "we fight hard for your interests" to the efforts of the CDA taxation committee and to the activities of other committees where major projects are being undertaken which would be beneficial to all such as the negotiations with third party carriers, our accreditation programme, the code of ethics, and possibly the study on the health hazards of dentists and the handicapped and genodontic projects.
- it is further suggested that the words "we offer no apologies, Who else is there to stand up for" should be eliminated as well as the last sentence indicating that the chairmen are listed on the back page.
- in paragraph two the sentence "It was the result of tough..." should be changed to "It is the result" and in paragraph five the sentence "membership in specialized areas" should be changed to "membership in various areas".
- in the section entitled "Our learning resources available for the asking" the following corrections should be made:
 - the sentence in paragraph four " CDA maintains the most comprehensive library in Canada of materials and information on" should be changed to " CDA maintains a comprehensive library dealing with dentistry and related activities"
 - reference should also be made to the new COMMUNIQUE and the essence of its content as well as dental health week.
 - the last paragraph " it offers the highest..." should be excluded
- in the section entitled "insurance, pensions designed for dentists" the following is recommended:
 - the title of the section be changed to indicate national and provincial insurance, pensions...
 - the word jointly be inserted after the words "the following plans have been jointly developed..." in paragraph two
 - the final paragraph regarding the categories of membership should be eliminated from the page and another page should be inserted in the publication outlining the various types of membership: active, associate, student, life and defining such in order to eliminate problems and confusion.
- the section entitled CDA Council Chairmen and Committee Chairmen should be updated and the section entitled CDA Headquarters staff should be expanded upon to include all staff working at CDA.
-

- the back page entitled "Executive Council 1977-78" should be updated to include the two new members of the council and Mr. Stevenson's name should be eliminated from the back cover and included in the section entitled CDA Staff.

Ms. Teteruck was requested by Dr. Mussells to draft a copy of the pamphlet with the corrections where possible.

06 SCHEDULE OF THE ODA MEMBERSHIP DRIVE:

CDA/ODA
Memb.
Schedule -
Deadlines to
be met.

Dr. Mussells stressed the need for the CDA to ensure that all the deadline dates for the CDA/ODA membership campaign are met and that all CDA commitments were enacted.

Mr. Stevenson was instructed to oversee that these commitments are carried out.

07 NEW BUSINESS

07.1 Student Membership

The Chairman notes with satisfaction that student membership in the CDA is rising. At the end of December, membership was at an all time high - 74.39% as compared to 70.7% in 1976-77.

Student
Memb
rising

Dr. Gray suggested that all CDA student representatives be forwarded the figures for student membership in 1977-78.

APPENDIX

07.2 Tape Cassette on CDA

Dr. Covit suggested to the committee that it would be advantageous for the CDA to have an audio-visual presentation on and about the CDA and its various activities. This could be used as a source of information for presentation at conventions, meetings, group sessions etc. where information on the CDA and its activities is required.

Recommend
to
purchase
audio-
cassette

Motion: Gray/Covit:

Be it resolved

That the Membership Committee recommend to the Executive Council the investigation and purchase of audio-visual equipment on and about the various activities of the CDA.

Carried

Executive Council disagrees and amends the motion as follows:

Executive Council recommends that an investigation into the possible purchase of audio-visual equipment on and about the various activities of C.D.A. be instigated under the auspices of the Management Committee."

07.3 Next Meeting

It was the consensus of the committee that the next meeting of the Membership Committee would be called by the Chairman in May, and that the chairmen of the membership committees in both Ontario and Quebec would be invited to attend in order to discuss and establish campaign schedules for the 1979 membership programme.

Next mtg.
May '78
chairmen of
Ont. & P.Q.
campaigns
to attend.

Motion: Covit/Gray

Be it resolved

That a meeting of the Membership Committee be called in May 1978 and that the chairmen of the Ontario and Quebec membership campaigns be invited to attend in order to discuss the 1979 membership campaign.

Carried.

Executive Council agrees.

08 ADJOURNMENT

The meeting was adjourned at 3.20 p.m.

Adjournment

Executive Council commends the Membership Committee for its activities and for the membership campaign.

APPLICATION FOR LIFE MEMBERSHIP

CANADIAN DENTAL ASSOCIATION

Name surname given names

Address street apt. no.

. city postal code province and/or country

Place of Birth Date of Birth day month year

Dental School(s) attended years

. years

Year of Graduation Degree

Location(s) of practice years

. years

Specialty (if any)

Positions held (in dentistry) years

. years

Memberships held in dental organizations

.

.

I hereby apply for life membership in the Canadian Dental Association.

Signature

Date

For office use only

Approved by

Date

1543/4/74

MEMBERSHIP REPORT AS OF JANUARY/1978

Province	Active	Associate	<u>Life on Hold</u>		Total
			Active	Associate	
Ontario					
as of 6/1/78	1,919	28		1	1,948
Quebec					
as of 10/1/78	736	29	10	14	789
(as of 11/1/78	747				800)

CANADIAN DENTAL ASSOCIATION

1977 MEMBERSHIP

British Columbia	1448
Alberta	813
Saskatchewan	264
Manitoba	377
Ontario	2524
Quebec	1310
New Brunswick	167
Nova Scotia	275
Prince Edward Island	44
Newfoundland	103
TOTAL	7325

CDA STUDENT MEMBERSHIP - RISING

Student membership within the CDA is rising. At the end of December 1977 student membership was at an all time high - 74.39% as compared to 70.7% during the 1976-77 academic year.

Most dental faculties have maintained or increased their membership figures over last year and some quite significantly. A breakdown of membership at each dental faculty is as follows:

<u>SCHOOL</u>	<u>MEMBERSHIP FIGURES</u>	<u>% 1977-78</u>	<u>COMPARATIVE % 1976-77</u>
U.B.C.	92/159	57.8%	63.6%
ALBERTA	118/201	58.7%	67.5%
SASKATCHEWAN	40/84	47.6%	45.4%
MANITOBA	108/123	87.7%	47.1%
U.W.O.	216/224	96.4%	100 %
TORONTO	496/508	97.6%	100 %
MC GILL	133/172	77.3%	72.1%
MONTREAL	149/332	44.8%	32.8%
LAVAL	45/89	50.6%	31.5%
DALHOUSIE	88/104	84.6%	69.8%

The maintenance of a high level of student membership at the majority of dental faculties is due in large part to the hard work of the CDA student representative at the faculty. Student membership across Canada is solely voluntary. Without the support and efforts of the student representative, student membership could not be maintained.

All of the 1977-78 student representatives are deserving of congratulations in promoting CDA student membership and association activities at their respective dental schools. They are as follow:

U.B.C.	-	James Girard
U. of Alberta	-	James Anderson
U. of Saskatchewan	-	Craig Meyers
U. of Manitoba	-	Donald Neal
U.W.O.	-	David Hurst
U. of Toronto	-	Jack Gerrow
McGill	-	Richard Gilsig
U. de Montreal	-	Gary Cousins
Laval	-	Jean-Luc Dion
Dalhousie	-	Robert DeWolfe

We are now at 74%. Let's see if we can make it even higher !!

Dr. Donald L. Rife
DENTIST

FAMILY PRACTICE OF GENERAL DENTISTRY

2953 BATHURST STREET
TORONTO, ONTARIO
M6B 3B2

783-0419
AREA CODE
416

November 1st, 1977

Memo: To all personnel of C.D.A.
Council and Committee Chairman and Members
All who function in a communications capacity with C.D.A..

The purpose of this memo should not be misinterpreted please. Its object is not to stifle initiative or dampen enthusiasm. There are a number of elements, however, to be considered.

C.D.A. is not a monolithic organization. It is a confederation of professional organizations which are composed of free-thinking individuals dedicated to their profession. It happens often that there are a variety of opinions or methods of approaching any given topic. The Association, through its Board, Councils and Committees and affiliated organizations offers a structured but free forum for debate and expression of the spectrum of opinion available.

Sometimes a consensus is arrived at, but more often a resolve is determined which permits a course of action or development of a guideline for use by the Association.

The "Association" is the Board Of Governors elected by, and acting on behalf of the membership. The Board delegates its authority to the Executive Council and Officers of the Association to act on its behalf.

This brief outline above makes obvious the requirement that all comment, letters or anything issued in the name of the Association places a responsibility on the Association to "stand behind it". If this responsibility accrues to the elected persons of the Association, then it is important equally that they be aware of and give sanction to the material for which they will be held responsible.

Recently memos have been issued without authority indicating possible Association action. They have caused enormous problems and embarrassment to the Association. Therefore, please do not make pronouncements or issue memos, letters or directives outlining or suggesting association

policy, guidelines, or anticipated action on Association matters to external bodies or companies without the approval of the Executive Director.

The Association must not be placed in the position of justifying, supporting or retracting actions taken on its behalf which lack the consent and approval of the Board Of Governors.

Yours truly,

Donald L. Rife

Donald L. Rife, D.D.S., President,
Canadian Dental Association.

*cc Mr. Lloyd Stevenson
for Executive Council*

CANADIAN FUND FOR DENTAL EDUCATION

INTERIM REPORT TO THE CANADIAN DENTAL ASSOCIATION BOARD OF GOVERNORS

March 1978

1. At the time of writing this report (January 9, 1978) our records for 1977 have not been closed off and, therefore, I am unable to give you precise information on our progress last year.
2. I am, however, able to assure you that 1977 will again be a record year, both in terms of total income and the amount of assistance we were able to provide for dentistry.
3. Since providing much needed financial aid for worthwhile educational and research projects is our only objective, I would first like to tell you what CFDE was able to accomplish in 1977. Awards totalled over \$151,000 - a new record - and over 30% more than in 1976. Major grants included: teacher training fellowships \$67,146; University of Toronto research project \$29,893 (funded by a Hospital for Sick Children Foundation grant); CDA accreditation survey \$21,000; and dental school grants \$10,000.
4. Although our income records are incomplete at present, I have no doubt that when receipts are all counted, the total will exceed \$230,000. This, of course, will be a new record and approximately 20% more than in 1976, our previous best year. Hospital for Sick Children Foundation grants of \$46,488 were a major factor in this fine increase. Personal gifts from dentists and contributions from business and industry will also show substantial gains.
5. In my last report (September 1977) I dealt at some length with our in depth review of CFDE teacher training fellowship recipients. I am now pleased to say that all but two recipients who have completed their training, either already have or are in the process of fulfilling their commitment to CFDE. Steps are now being taken to ensure that the two recipients who have not fulfilled their commitments, repay their CFDE awards in full as soon as possible.
6. As you well know, in December 1977 CFDE's \$300,000 second mortgage on CDA's Ottawa property was completely paid off. This, no doubt, reflects capable financial management by CDA's officials.
7. I would like to assure you that our Board of Trustees at their annual meeting next spring will give careful consideration as to the investment of these funds to ensure maximum return for the benefit of dental education consistent with the terms of our Deed of Trust. As you are probably aware, this limits the Fund's investments to "such securities as are authorized by law from time to time for the investment of funds of Canadian and British insurance companies." In the meantime the \$300,000 is invested in a Royal Trust investment certificate maturing May 2, 1978 and earning interest at 7 3/8 %.

CANADIAN FUND FOR DENTAL EDUCATION

INTERIM REPORT TO THE CANADIAN DENTAL ASSOCIATION BOARD OF GOVERNORS

MARCH 1978 (page 2)

8. In line with a suggestion I made at the last Board of Governors meeting that there was a need for continuing liaison between CDA and CFDE, a joint Management Committee meeting is now scheduled for January 18, 1978.

Respectfully submitted,

John W. Neilson, D.D.S.
Chairman
CFDE Board of Trustees

January 9, 1978

The report was presented by Dr. James A. Guest of London, on behalf of Dr. Neilson.

RESOLVED

That the report of the CFDE be received as information.

Adopted

RESOLVED

That the Board commends CFDE, both for their ability to raise money and for their management of the fund.

Adopted

EXECUTIVE

President - J. Smith, Toronto
Pres.-Elect - J.M. Phillips, Oshawa
Sec.-Treas. - F.B. Burns, Islington

1. 1977 ANNUAL MEETING was held in Toronto, October 28-30th, 1977. Dr. S. Brayton was convention chairman and assembled an excellent group of clinicians. The attendance was a record for the academy.
2. 1977 Endodontic Teacher's Workshop - Dr. M. Peikoff chaired this meeting and many constructive suggestions and ideas were developed.
3. The Academy will this year institute a program of continuing education across Canada. Speakers will be made available to any local society which contacts the Academy.
4. 1978 meeting will be in Winnipeg, September 8-10th.

This report was presented by Dr. B.H. Dolansky of Ottawa.

RESOLVED

That the Board extend its appreciation to Dr. Dolansky for the presentation of the Endodontics report.

Adopted.

ETHICS

As requested by the President of C.D.A., this Council is being activated to thoroughly examine the present code and eventually present suggested changes.

Some guidance and suggestions are requested hereby from the Board of Governors. Our present agenda is to examine the problems of:

- (a) 3rd party involvements in dentistry
- (b) peer review and quality controls
- (c) penalties
- (d) advertising by dentists.

Respectfully submitted

R. Epstein, D.D.S.

December 23, 1977

This report was presented on behalf of the Ethics Council by Dr. George Peacock of Saskatoon.

RESOLVED

That the report of the Council on Ethics be received as information.

HEALTH CARE

TO: President and Board of Governors
Canadian Dental Association

FROM: Dr. R.G. Dickson, Chairman
Council on Health Care

DATE: 24 December 1977

SUBJECT: Report of the Council on Health Care - 1977 (2)

MEMBERS: R.G. Dickson, Chairman, Drumheller;
D.E. MacFarlane, Vancouver; P.J. Kirby, Edmonton;
E. Freidin, Saskatoon; B. Goldberg, Winnipeg;
R.J. Sexton, Islington; J. Belanger, Montreal;
J. McMullen, Fredericton; D. McLeod, Kentville;
J.R. Robertson, Summerside; R. Janes, Gander;
J.F. Begin, C.F.D.S., Ottawa

Liaison Members: Dr. C. Covit, Executive Council
Ms. Iris Gold, C.D.H.A.
Ms. Elaine Wesley, C.D.N.A.A.

MEETINGS: The Council met at CDA HQ on 28-29 November 1977 with all members present. Also in attendance, by invitation, were Dr. F.A. Irwin, D.V.A., and for a segment of the meeting, CAASI representatives: Mr. Robert E. Foster, Mr. Ross R. Rowlands, Mr. Charles Kimball and Mr. James M. Gill.

COUNCIL REPORTS:

Radiation Protection Acts and Regulations: Ms. Iris Gold will prepare a summary of provincial regulations and comments on radiation protection in the dental office and report at the next meeting of Council.

Public Health Committee Report: Dr. Robertson provided Council with a current (May 77) revision of the report on provincial dental public health care plans and survey of the provincial administrative organization of dental public health. Both of these are available as appendices to the minutes of the Council meeting of 28-29 November 1977.

Monitoring Vital Signs: In accordance with the Board's direction, the Council is continuing to investigate the role of the profession in diagnosing and evaluating hypertension. Council has encouraged the Editor of the Journal of the Canadian Dental Association to develop an article on "Hypertension and Dentists" and has directed that the report, "Hypertension and the Dentist" be distributed to members of the Board.

HEALTH CARE

Health Hazards of Dentists: After some discussion, the Council agreed that the extent of such a study would be expansive. Much information is available on some subjects, such as infectious hepatitis, radiation over-exposure, mercury poisoning, etc. but very little on postural, stress and other "hazards". Council then presented and the Board approved the following resolutions:

RESOLVED

That the Council on Health Care make C.D.A. aware of the availability of mercury detectors for the dental office and that C.D.A. recommend the use of these various detectors to the corporate members and suggest they are made available to their members, and,

RESOLVED

That Dr. Fred Begin develop an investigative outline for the identification, the causes, the prevention and the treatment of occupational hazards to dentists.

Adopted

Preventive Dentistry Sub-Committee: Dr. Rife referred a suggestion from Dr. J.T. Boulton to form a permanent Sub-Committee of the Council, on Preventive Dentistry, for consideration:

The following resolution was approved:

Whereas, there is an existing Dental Health Week Committee and

Whereas, the goals of a proposed sub-committee would not differ significantly from the recently reorganized Dental Health Week Committee under the Chairmanship of Dr. Scramstad, be it RESOLVED that a sub-committee not be activated at this time.

The Board agrees.

Mandatory Seat Belt Legislation: Council approved the following resolution by Kirby and Sexton:

"Whereas, seat belts reduce the chance of death and the severity of bodily injury resulting from automobile accidents, and,

Whereas, about 70% of those injured in automobile accidents suffer head injuries and,

Whereas, a high percentage of those head injuries are dento-facial, and,

Whereas, 56% of all mandibular fractures are the result of automobile accidents, and,

COUNCIL REPORTS CONT'D

Mandatory Seat Belt Legislation Cont'd

Whereas the compulsory use of seat belts has resulted in a reduction of about 15% of injuries to automobile drivers and passengers, and,

Whereas, campaigns to encourage the voluntary use of seat belts have proven to be unsuccessful, and,

Whereas, the dental profession has a responsibility to promote all preventive measures which will protect the dental health of the population, and,

Whereas, four provinces already have such legislation and others are considering it, therefore be it

RESOLVED

That the Canadian Dental Association:

1. Support the development of mandatory seat belt legislation.
2. Prepare a position paper for distribution to all corporate members of the C.D.A.; to the Minister of Health and Welfare, Canada; to the provincial Ministers of Health and to the Canadian Medical Association.
3. Encourage the automobile manufacturers to continue to seek ways of making restraint mechanisms more effective and comfortable."

The Board agrees.

Auxiliary Services Committee Report: Dr. MacFarlane presented proposed Extended Training Modules to a Levels system of training dental auxiliaries.

Council agreed to continue with the development and refinement of these proposed additional modules.

Council looks forward to the deliberation of the Survey Policy Committee related to a Career Options System and appreciates the opportunity to participate in the discussions.

Executive Council comment: Received as information.

Reports from C.D.H.A. and C.D.N.A.A.: From the report of the C.D.H.A., it would appear that on the provincial level, in most provinces, Dental Hygienists are well represented on various boards and committees and in most cases, with full voting privileges.

Received as information.

RESOLVED: "That the Board be asked to take a firmer stand against those carriers who misappropriate the C.D.A. logo and/or statement of approval on their dental claim forms."

The Board agrees and notes that efforts are being made to copyright our logo.

Orthodontic Endorsement Form: Council is continuing its attempt to develop a Standard Orthodontic Endorsement Form and commends Dr. Eisner for his efforts in trying to attain a rather elusive goal.

Received as information.

Dental Prepayment Pamphlet: Council approved the following motion:

"That the Consumer's Guide to Prepaid Dental Plans be adopted in principle for submission to the Board of Governors at the Interim Board meeting in March."

The draft pamphlet prepared by Dr. Freidin has now been submitted to the Houston Group.

Resolution re Smoking at C.D.A. Meetings:

Motion: MacFarlane/Janes

"Whereas cigarette smoking is a major cause of lung cancer, heart disease, emphysema and chronic bronchitis and

Whereas pipe and cigar smokers have a higher premature death rate from carcinoma of the lip, mouth, throat, larynx and stomach, and

Whereas tobacco smoke affects the non-smoker in much the same way as it does the smoker, and

Whereas, inhalation of second-hand smoke increases the heart rate, the blood pressure and the level of carbon monoxide in the blood, and

Whereas, many persons are allergic to tobacco smoke and suffer smoke-caused asthmatic attacks and

Whereas misocapnists have as much right to clean, wholesome air as smokers have to pollute it, therefore be it

RESOLVED:

That as a matter of professional responsibility to promote the prevention of disease and out of respect for the rights of others, members be encouraged to refrain from smoking during all meetings of the Canadian Dental Association, its Councils and Committees."

Executive Council disagreed with the motion that suggested that the "Whereas" clauses be deleted. The following substitute motion was recommended and approved by the Board:

RESOLVED:

That out of respect for the rights of others, members be encouraged to refrain from smoking at all meetings of the Canadian Dental Association, its Councils and Committees.

Adopted

Report on the Handicapped: During his initial investigations, Dr. McMullen has exposed some of the complexities of such a study and has established contact with many dentists who are knowledgeable, informed and involved in dental care of the handicapped.

The following resolution was approved by the Board:

RESOLVED

That the report on the handicapped be received and that Dr. McMullen be directed to recruit a sub-committee, establish a proposed agenda for a meeting of this committee whose purpose would be to establish terms of reference, aims and objectives, and to suggest a budget for the meeting.

Report on Gerodontology: (Dr. R. Sexton)

Motion: McMullen/Goldberg

"That the Report on Gerodontology and Extended Care be accepted for presentation to the Board."

Received as information.

Report on Public Funded Plans: The Council, after some discussion, requested Dr. Goldberg to refine some of the statistical data in his report for the next Council meeting.

Recruitment of Dentists for Rural Areas:

In response to the proposed pamphlet presented to Council, the following motion was passed:

"Be it resolved that a pamphlet entitled "Action Plan for Recruitment of Dentists to Rural Communities" be submitted to the Executive Council for their approval and eventual distribution."

Executive Council notes that this has not yet been revised and agrees to review the pamphlet as soon as it is submitted in final form.

HEALTH CARE

C.D.A. List of National Dental Priorities: On the basis of the limited financial and manpower resources of the Council, the following resolution was approved:

"That the Council on Health Care recommend to the Board the following national dental priorities requiring additional funding:

1. Study of Gerodontic Care in Canada.
2. Study of Care for the Handicapped in Canada.
3. Study of Occupational Health Hazards to dental personnel.
4. Manpower Planning.
5. Fluoridation.
6. Special Hospital Dental Units.
7. Long range health care planning.
8. Dental policy with regard to nationally funded programs for Indian and Eskimo populations.

Executive Council recommends that these priorities be received as information and referred to the Management Committee for re-evaluation with other suggested priorities and report to the Executive Council.

Council further recommends that the word "Eskimo" be changed to "Inuit".

Survey of Dental Consultant Guidelines: Dr. Belanger has agreed to complete a survey and report to the next Council meeting.

Received as information.

Provincial Summary:

Because of an apparent duplication of information, Council approved the resolution:

"Be it resolved that the Provincial Secretaries be requested to provide an annual provincial summary in some detail, with particular emphasis on pending or implemented legislation."

Executive Council disagrees because this is a function of the Council on Legislation.

HEALTH CARE

Report of the C.D.A. Fluoridation Officer:

Council discussed the apparent relaxation of promotional activity of the profession regarding fluoridation and approved two resolutions:

"Be it resolved that the Council on Health Care extend its appreciation to Mr. Bowen for his hard work in the promotion of fluoridation

The Board agrees.

and

RESOLVED that Mr. Lloyd Bowen, Fluoridation Officer for the C.D.A. be invited to the next meeting of the Council on Health Care and that he be asked to consider for discussion at that meeting, a long term plan for attacking the problem of fluoridation."

Executive Council agrees and further recommends that an activity report from the Fluoridation Officer be included with all subsequent reports of the Council on Health Care to the Board.

The Board noted that Mr. Bowen has been awarded the Queen's Silver Jubilee Medal for his services to dentistry and extends the deep appreciation and congratulations of the Association.

Committee Chairmen:

The Council agreed to the appointment of Dr. Ben Goldberg, Chairman, Public Health Committee; Dr. Earl Freidin, Chairman, Auxiliary Services Committee and Dr. Bob Sexton, Chairman, Dental Services Committee.

Drs. Robertson, MacKay and MacFarlane, who contributed so much to these committees as former chairmen, are deserving of our sincere appreciation.

RESOLVED

That the Board commends Drs. Robertson, MacKay and MacFarlane for their sincere contribution to the affairs of the Association.

RESOLVED

That the Board extend its appreciation to the Chairman of the Council on Health Care, Dr. Dickson, for the compilation of this comprehensive report.

HYPERTENSION AND DENTISTSA. ENORMITY OF THE PROBLEM

The World Health Organization considers a systolic blood pressure of 160 mm Hg. or higher, or a diastolic blood pressure of 95 mm Hg. or higher, to be higher than normal. About 12% of the adult population of Canada have these levels all day long, and are said to have high blood pressure or hypertension.^{1, 2} Hypertensives who receive no treatment can expect to die 10 to 30 years earlier than those with pressures below this level.³ Indeed they are 2 to 3 times likelier to die each year compared to those with lower pressures.³ Treatment which lowers the pressure to less than 160 and/or 95 mm Hg. can prevent the cardiovascular complications of hypertension.^{4, 5} If hypertension were brought under control in our population, heart attacks in middle age would be reduced by 21%, strokes by 37%, heart failure by 75%, kidney failure by 20%, deaths by 25%.⁶ The cost of these complications in terms of loss of life, loss of loved ones, financial loss, and the pain and suffering of those affected is staggering. Yet Canadian studies have demonstrated that whereas up to one-half of those having hypertension are aware of having it, only half of those who are aware are on treatment, and of the half on treatment only half are under control.^{1, 2} This means that only one-eighth of all hypertensives are under control.

HYPERTENSION AND DENTISTS (cont'd)

B. ROLE OF THE DENTIST

By taking the blood pressure of all his patients the dentist can play an important role in control of hypertension. ^{7, 12}

1. Detection of Untreated Hypertension

- 1) Many people who never visit a physician regularly visit a dentist. ⁷
- 2) Ten to 15% of people who visit a dentist have uncontrolled hypertension. ⁷
- 3) In most cases, the blood pressures obtained in the dentist's office are the same as those obtained in the physician's office. ^{7, 12}
- 4) If the dentist confirms with the patient's physician (by telephone) that level of pressure elevation which he, the dentist, obtained is significant and if the physician asks to see the patient, a high percentage of the dentist's patients referred to the physician will receive treatment. ^{7, 11}

2. Improving Patient Cooperation by Instruction and Motivation

- 1) The dentist can explain to his patient what high blood pressure is and provide him pamphlets on the subject. These are available from some pharmaceutical firms and from the Heart and Kidney Foundation.
- 2) In those already on treatment the dentist can re-emphasize the importance of staying on treatment.

HYPERTENSION AND DENTIST (cont'd)

B. ROLE OF THE DENTIST (cont'd)3. Detection of Side Effects of the Medication

The dentist may detect side effects of the medication of which the physician was not aware. The physician can be alerted and the patient referred to him for treatment of these side effects.

4. Detection of Non-Adherence

The dentist may find patients whose blood pressure^s are high and who have either stopped their medication or reduced the dose on their own. These people can be referred to their physician and the value of staying on the right treatment can be re-emphasized by the dentist.

5. Prevention of Hypertension Complications during Dental Procedures

A vascular catastrophe such as a cerebral hemorrhage, cerebral thrombosis, heart attack or heart failure could be precipitated in the uncontrolled hypertensive either because the emotional stress of the dental procedure or the use of vasopressors during tissue retraction raises the blood pressure too high. If the patient is found to be hypertensive the dental procedure should be delayed.

6. Prevention of Complications due to Antihypertensive Agents

- 1) Most antihypertensive agents predispose the individual to orthostatic hypotension; the patient may faint when changing from a chair to a standing position unless he is warned to do so slowly.

HYPERTENSION AND DENTISTS (cont'd)....

B. ROLE OF THE DENTIST (cont'd)6. Prevention of Complications due to Antihypertensive Agents (cont'd)

- 2) The use of sedatives such as barbituates may potentiate the action of the antihypertensive agents and cause a marked fall in blood pressure. For patients on antihypertensive agents the dose of sedatives should be reduced or alternate approaches taken.
- 3) The use of diuretics may affect the intro-oral tissue fluid balance, thereby altering the accuracy of impressions and success of dentures. The dentist might therefore wish to wait until a patient is stabilized on his medication before the dentures are fitted.

C. WHAT LEVEL OF BLOOD PRESSURE REQUIRES REFERRAL?

Different doctors use different criteria for different patients. Almost no physician, however, treats systolic pressures less than 160 mm Hg. or diastolic pressures of less than 95 mm Hg. The only way to know if a physician considers a pressure at or above this level significant is for the dentist, his assistant, or his secretary to phone him and ask him. If this is done, a spirit of understanding and co-operation will evolve between the two professions. In addition, a patient is spared the anxiety and inconvenience of rushing to his physician only to be told that his pressure is normal for his age.

HYPERTENSION AND DENTIST (cont'd)

D. WHEN TO TAKE THE BLOOD PRESSURE

The blood pressure may be taken while the patients are in the dentist's waiting room or in the treatment room. If it is elevated (160 and/or 95 mm Hg.) it is best to take a second blood pressure 5 minutes later. If it is still elevated, the physician should be contacted to find out whether he wishes to see the patient.

E. WHAT INFORMATION ABOUT HYPERTENSION DOES YOUR PATIENT NEED TO KNOW?1) What is High Blood Pressure?

High blood pressure is a condition in which the pressure of blood against the blood pressure wall is increased above normal. The best analogy is that of a garden hose. If we reduce the size of the nozzle opening, the pressure in the hose rises. In our body, the small blood vessels (the arterioles) go into spasm and act like the tight nozzle, raising the blood pressure behind it. Everybody's blood pressure goes up when he is nervous or excited. In people with "High Blood Pressure", however, the blood pressure is higher than normal all the time, even when they are relaxed.

2) Why is High Blood Pressure Undesirable?

High blood pressure can cause blood vessels to burst (just as would high pressure in a garden hose). If this happens in the brain, part of the brain may die (this is called a stroke). High blood pressure also causes cracks in the blood vessels. Cholesterol

HYPERTENSION AND DENTISTS (cont'd)

E. WHAT INFORMATION ABOUT HYPERTENSION DOES YOUR PATIENT NEED TO KNOW (cont'd)2) Why is High Blood Pressure Undesirable? (cont'd)

and other fats accumulate in these cracks. (This is what we mean by hardening of the arteries). If enough fats accumulate, they will block the blood vessels. Since these blood vessels carry oxygen and food to the cells of the body, the areas fed by these blocked vessels will die from lack of oxygen and nourishment. If this blockage happens in the brain, part of the brain will die and a stroke occurs. If it happens in the heart, a heart attack occurs. If it happens in the kidney, kidney failure results. If it happens in the blood vessels of the legs, gangrene of the feet sets in. If it happens in the eye, the person may go blind.

3) What Causes High Blood Pressure?

In most cases, we do not actually know the cause. We know that those whose mother and father have it, are more likely to have it than others -- so heredity plays a part. The obese are more likely to have it than the thin. The older one is, the more likely one is to have it. Blacks are twice as likely to have it as whites. Once a person has it, consuming a lot of salt will make his pressure rise even higher; yet many people who do not have high blood pressure can use all the salt they like and still not get high blood pressure. Nervous tension may make it worse, but does not cause it. Regular rhythmic exercise such as jogging, tends to lower the blood pressure.

HYPERTENSION AND DENTISTS (cont'd)

E. WHAT INFORMATION ABOUT HYPERTENSION DOES YOUR PATIENT NEED TO KNOW (cont'd)3) What Causes High Blood Pressure (cont'd)

Occasionally we do find a cause, such as a damaged kidney or adrenal gland. In such cases, these organs produce materials that cause the blood pressure to rise. Women on birth control pills and women after the menopause who are on female hormone pills occasionally develop high blood pressure due to these pills. Removal of the pills returns the blood pressure to normal in a few months.

4) What are the Symptoms of High Blood Pressure?

In most cases, there are absolutely no symptoms. You may be feeling perfectly well, and yet you may have it. Occasionally, people with high blood pressure get headaches or nosebleeds from it, but this is rarely the case. In most cases, there are absolutely no symptoms until catastrophe strikes. Tiredness or nervousness are not symptoms of high blood pressure.

5) What Can be Done about It?

Sometimes merely losing weight, reducing emotional tensions, exercising, and reducing salt intake will return pressure to normal. These programs should be carried out under a physician's supervision. In most cases, pills will be required to keep the blood pressure under control. The pills act by relieving the spasm in the small blood vessels (just as one would do by opening

HYPERTENSION AND DENTISTS (cont'd)

E. WHAT INFORMATION ABOUT HYPERTENSION DOES YOUR PATIENT NEED TO KNOW (cont'd)5) What Can be done about it? (cont'd)

the nozzle wide on the garden hose). These pills include diuretics (water pills), Reserpine, Apresoline^R (hydralazine), Aldomet^R (methyldopa), Catapres^R (clonidine), and Inderal^R (propranolol).

6) How Long Should Treatment Continue?

In most cases treatment should continue for life. Occasionally, there are patients in whom the blood pressure settles down even after treatment is stopped, BUT THIS IS RARELY THE CASE!

7) What About the Side Effects of the Drugs?

All drugs may cause some weakness or dizziness. In most cases, these symptoms disappear within a few weeks. If the symptoms are too troublesome, the physician may have to change the medicine.

F. ADDITIONAL RECOMMENDATIONS

Some of the following recommendations have been adapted from a recent conference in the United States on the role of the dentist in hypertension. 11, 12

1) Continuing Education for Dentists

Dental schools and societies, with co-operation from specialty societies, should be encouraged to offer education programs on high blood pressure and cardiovascular disease for dentist and auxiliaries. Attempts should be made to encourage joint programs with physicians.

HYPERTENSION AND DENTISTS (cont'd)

F. ADDITIONAL RECOMMENDATIONS (cont'd)2) Training for Office Staff

Dentists should assist in training office staff, particularly auxiliary dental personnel, to measure blood pressures, perform screening tests, and provide counselling. Dental assistant and hygienist organizations, Heart Associations, and similar groups should be requested to assist in the development and presentation of such courses. Where possible, training should include both dentists and auxiliaries.

3) Dental School and Dental Auxiliary School Responsibilities

Dental and dental auxiliary schools should be the initial focus of education about high blood pressure and its seriousness, providing training for students, requiring knowledge about and skill in use of blood pressure cuff and stethoscope, and offering physical evaluation courses developed in co-operation with appropriate departments in medical schools.

4) Dental Society Support for Local Programs

Dental societies should be encouraged to sponsor programs on hypertension, with attention to dissemination of educational material to and screening of society members. Societies should establish committees to plans, develop and support local programs.

5) Co-ordination and Planning with Other Key Groups

Local committee/councils with representation from key groups, such as Heart Associations, medical and dental societies, and health departments, should be established. Organizations

HYPERTENSION AND DENTISTS (cont'd)

F. ADDITIONAL RECOMMENDATIONS (cont'd)5) Co-ordination and Planning with Other Key Groups (cont'd)

involved in high blood pressure programs should be encouraged to assist dental efforts (for example, Heart Association can assist with education and training, health departments with referral procedures and data collection). Dental societies should attempt to co-ordinate with other key groups.

6) Dentist-Physician Relationship on Organizing and Conducting a Referral Program

Dentists and physicians need to communicate more directly at a local, and on individual level. Local and state dental societies should form joint committees with local medical societies for conducting screening and referral programs for hypertension. Medical professionals should be educated about the potential role of dentistry in hypertension screening and referral.

7) Dissemination of Information

The Canadian Dental Association should gather and disseminate information about high blood pressure. Guidelines should be developed by appropriate agencies to assist dentists in taking blood pressure readings. It is essential that relevant contracts and medical papers concerning hypertension be reprinted in dental literature since few dentists read medical literature.

Dental journals and newspapers should solicit articles on high blood pressure and cardiovascular risk factor screening. Dental editors should be encouraged to assume a leadership role in high blood pressure education.

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AUXILIARY SERVICES COMMITTEE REPORT(a) Dental Auxiliary Career Training Model

At the September 29 - 30, 1977 meeting of the Board of Governors of the C.D.A., a motion was passed which accepted "a career options system of dental auxiliary training". It was debated whether this should be "the" or "a". An attempt was made to gain acceptance for the training model as approved by the Council on Health Care.

The development of educational guidelines and requirements was given to the Council on Education to pursue.

LEVEL 1

Practice Management Module

Financial Control

- accounts receivable
- accounts payable
- payroll

Financial Consultation

- discussion of financial considerations of treatment plan
- payment agreements
- discussion of third party coverage

Staff Management

- interviewing
- training
- liaison and problem solving
- purchasing
- inventory control

(b) Extended Training Modules

Periodontic

curette soft tissue
incise and drain simple abscesses
excise peri-coronal tissue
aid in the management of acute
periodontal abscess, pericoronitis
and necrotizing ulcerative
gingivitis
take impressions for occlusal
guards
place intra and extra oral coronal
wire and acrylic temporary
splints
placement of sutures
administer local anesthetics

LEVEL III

Prosthodontic

take final impressions for complete
partial dentures
take bite registration
take shade and mold
try-in denture
insert denture
adjust denture
equilibrate occlusion relating
to dentures
reline denture (direct method)

LEVEL II or III

Endodontic Module

extirpate pulp (after canal length established)
ream and file canal
medicate root canal
irrigate root canal
bleach tooth

LEVEL II or III

RESTORATIVE MODULE

prepare tooth structure for restorative materials
remove restorative materials
fit stainless steel crowns
cement stainless steel crowns
remove coronal pulp (pulpotomy) from deciduous teeth
remove existing crowns
remove existing inlays
remove existing bridges
extraction (simple) of deciduous teeth
treat dental emergencies related to caries

LEVEL II or III

D R A F T
CONSUMERS' GUIDE TO PREPAID
DENTAL PLANS

THE CONSUMER

You, the consumer, are responsible for your own dental health.

But there are aids along the way to good oral health. Your dentist offers comprehensive professional dental health care. Your prepaid dental plan provides assistance in paying for this care.

"But, ultimately, your personal dental health is your responsibility."

THE CANADIAN DENTAL ASSOCIATION AND PREPAID DENTAL PLANS

The Canadian Dental Association represents the Canadian dental profession and Canadian dentists. Along with the provincial dental associations, CDA can help you, the consumer, by maintaining the professional standards required for quality dental care.

Because of the increasing awareness of dentistry, dental prepayment plans are becoming more and more popular. People are also seeing a dentist for preventive dentistry and instruction on maintaining good oral health.

The Canadian Dental Association supports the concept of prepaid dental plans.

CDA supports these plans because the association believes that their use will result in a marked improvement in the dental health of many Canadians, young and old alike.

The CDA along with its provincial counterparts wants you to be aware of rights and responsibilities which prepaid dental plans provide. This information brochure has been prepared by the CDA to be your consumer's guide to dental prepayment plans.

It is important that YOU read the information pamphlet the Prepayment Carrier provides with your plan. This information will help you make full use of your plan. There are certain basic relationships common to all plans.

BASICS OF PREPAID DENTAL PLANS

Relationships

- Your prepaid plan is a contract between YOU and YOUR Prepayment carrier.
- Care and treatment provided to you is a contract between YOU and YOUR DENTIST.
- The dentist has NO contract with your Prepayment Carrier

Responsibilities

- Only YOU can authorize treatment and YOU are responsible for the payment of all fees related to that treatment.
- Normally YOU pay the dentist and YOUR Prepayment Carrier will repay you according to the terms of your contract with them.
- Your dentist will, within certain guidelines, help you receive the benefits to which you are entitled under the terms of your contract.

Benefits

Dental plans are written to fit the varied needs of specific groups. Therefore, a plan's benefits and the premiums which are charged to pay for them also vary widely.

IT IS IMPORTANT YOU READ THE INFORMATION BROCHURE ON YOUR PLAN CAREFULLY. Your dentist cannot be expected to be an authority on the exact benefits offered by the many different plans available. Questions about the benefits on an existing policy are best answered by the administrator of your group policy. (His or her name should be in the plan's brochure, if not, ask your employer or the Prepayment Carrier).

WHAT IS Covered

Most plans cover, partially or completely, a wide range of BASIC DENTAL SERVICES. This coverage is usually extended to you and your family. The services generally included are: dental examinations, x-rays, the scaling and cleaning of teeth, preventive services, fillings, crowns and other restorations, tooth extraction, other types of oral surgery, and the treatment of diseases of the gums and bone supporting the teeth. Also, most plans cover, under a varying percentage of reimbursement, dentures and fixed and removable bridges.

Orthodontic care can be included in the plan if the original purchasing group desires it.

What is NOT Covered

Nearly every plan excludes the cost of dental treatment for cosmetic purposes and contains an alternate benefit clause, a co-insurance feature and a deductible clause.

DEDUCTIBLE AMOUNTS and COINSURANCE FEATURES are used in dental insurance because its purpose is to reduce financial responsibility for the individual, not eliminate it entirely. An employee pays an initial specified annual amount for dental services (frequently \$25 per person or \$50 per family). Amounts beyond that "deductible" are paid for, in whole or in part, by the dental plan. In many plans, expenses beyond the deductible are "coinsured" with the plan and employee each accepting a percentage of the cost. For example, after the deductible has been served, many plans will pay full cost for the basic dental services covered under the contract, 50% of major restorative expenses and 50% of orthodontic expenses.

SUBSTITUTION CLAUSE

A clause which a third party carrier interprets as permitting reimbursement of the subscriber for other, less costly treatment than that specified in a dentist's treatment plan (and which has been agreed to by the patient) when the plan also covers the treatment specified in the dentist's treatment plan.

The Prepayment Carrier's Role

The Prepayment Carrier is the financial and administrative agent for your group plan.

Neither the prepayment carrier nor your employer can determine the degree of dental care you need. The dentist is responsible for such professional recommendations. Neither the insurance company nor your employer can choose your dentist. Only YOU have the right.

How Your Dentist Can Help You

To help you obtain all the benefits offered by your plan the dentist will, at your request and without charge:

- * Give you a written standard treatment plan form. This can be submitted in advance to the prepayment carrier before treatment begins. You will be advised by the company of the approximate dollar amount or percentage of your claim for which the prepayment carrier will assume responsibility.
- * The dentist will complete your carrier's CDA approved standard dental claim form at monthly intervals or when the treatment is completed. You are responsible for submitting this form to the proper source as indicated in your plan's brochure.
- * The dentist can respond directly to the prepayment carrier upon their request, providing supplementary information to questions which have been approved by the Canadian Dental Association,

Request for information beyond that outlined above, or, additional time required to fill out forms which are not approved by CDA or your Provincial Dental Association, adds to the clerical load of a dental office. If these additional services are requested by the prepayment carrier, an appropriate fee will be assessed.

Dental Fees

As outlined before, most plans have some provisions that limit payment by the prepayment carrier. The remainder or difference must be paid by the user -- you. For these services covered by your plan, most prepayment carriers base their reimbursement to you on the suggested guide for dental fees outlined by the provincial dental association. However, in many cases the suggested guide utilized by the carrier will differ from the suggested current guide because of circumstances which vary with individual cases, the nature of work required, or, because different fees have been established by the individual dentist.

The Dentist and You

Just as questions about your coverage are best directed to your plan administrator or prepayment carrier, so questions about dental treatment or fees should be referred to your dentist.

Your dentist wants you to have a clear understanding of the treatment being prescribed and the fees involved. The dentist is prepared to discuss alternative treatment plans. Remember you can be a wise consumer in the dental office; never hesitate to ask about treatment or fees.

Frank conversation between dentist and patient is the foundation of a sound dentist-patient relationship. On occasion, and in spite of all good intentions, a misunderstanding may occur. Regardless of the nature of the problem remember that you should first make your feeling clear and known to your dentist.

A Checklist To Using Your Prepaid Dental Plan

- * Check with your employer to see if you are in a plan
- * Have your employer or prepayment carrier explain your coverage
- * Read your plan's brochure
- * Select the Dentist of your choice
- * When treatment is required you may have an estimate prepared in advance
- * Submit the standard treatment plan form completed by your dentist according to the instructions in your plan brochure if necessary
- * They will advise what portion of your total account that they will pay
- * Have your dental treatment
- * Pay the total amount to the dentist yourself
- * Submit the claim form, filled out by your dentist, to your employer or the prepayment carrier.
- * In most cases a cheque will arrive shortly repaying you for the benefits provided in your plan.

Conclusion

Your dentist and your Prepayment Carrier share a common concern for your dental health, but, remember, your dental health is primarily your responsibility.

By visiting a dentist regularly you and your family can PREVENT extensive dental treatment. Many prepayment plans recognize the value of regular visits to a dentist.

Become familiar with your plan and use its benefits.

BOARD RESOLUTIONS

"That the Council on Health Care prepare a report on Dentistry for the Handicapped to examine and report regularly on the needs of handicapped persons and the ability of the profession to meet this requirement."

"That Dr. John McMullen examine and report to the Council on the dental care needs of the handicapped persons in Canada and the ability of the profession to meet those needs."

TO: Dr. R. Dickson
Chairman, Council on Health Care
Drumheller, Alberta

FROM: Dr. John McMullen
Interim Report

SUBJECT: The need for dental care of the Handicapped and the
ability of the profession to meet that need.

ORIENTATION: In order that I might become sufficiently familiar
with the subject matter, the information below
pertains to the province of New Brunswick.

THE NEED FOR DENTAL CARE OF THE HANDICAPPED

As a measure of the need for dental care for the handicapped
I have used the availability of (a) treatment centres, and
(b) financial assistance for dental care.

A. Treatment Centres

1. The William Roberts Hospital in St. John, New Brunswick is the only hospital in New Brunswick of its kind and purpose. It is well equipped to treat all categories of handicapped children and serves all the province of New Brunswick. It has a part-time staff. Fee for service for out-patients, paid by the hospital in-patients. The demand is high and the case load is heavy. More volunteer support is required.
2. The Regional Hospital is generally not well equipped to perform other than routine surgical procedures in their operating rooms.
3. New Brunswick Mobile Dental Clinics - do not treat the handicapped.
4. Fixed Location Dental Clinics:
 - (a) St. John, N.B.: The two salaried dentists treat low income families but are not equipped to deliver special care.
 - (b) Moncton, N.B.: has one clinic but has no dentist and no service.

5. Dental office of the Private Practitioner. By and large the greatest proportion of dental services and treatment to handicapped persons is by the private practitioner in his own office, on a fee for service basis. In conversation with Mrs. Mary Gray, I was able to determine that most care for "midrange manageable" mentally retarded children was done in the office of the family dentist. However, any extraordinary care required transporting the patient to the William Roberts Hospital in St. John. Mrs. Gray expressed a desire for Operating Room treatment facilities at the new Dr. Everett Chalmers Hospital in Fredericton. This desire was matched verbally by the Minister of Social Services, Dr. Les Hull.

B. Financial Assistance

1. Public: Government agencies do provide funds for dental care, for the most part they are non-specific. The criterion for financial assistance is economic need. No money is especially allotted to provide care to handicapped persons for dentistry alone. Mentally retarded persons receive a monthly allowance for general care after the age of sixteen. If a child is a ward of the province, he is entitled under Social Assistance to receive dental benefits. Blind and disabled persons may also receive dental benefits under the Social Assistance Act. They are perhaps the only group in the province singled out as receiving such benefits. Contradictions occur throughout the system. No coordinated approach exists to provide dental benefits to the handicapped unless they fall within certain well defined categories. Medicare will pay for certain surgical procedures performed in the hospital by the dentist. The handicapped person receives no special cost considerations. The Maternal and Child Care program runs clinics for the diagnosis and referral of handicapped persons but dental considerations appear to be conspicuously left out.

2. Private Funds: Service clinics perhaps give as much financial help as anyone to handicapped persons on an individual basis. In fact, the division of Maternal and Child Care will seek out service organizations to help needy children with special dental problems.

THE PROFESSION'S ABILITY TO MEET THE NEED FOR TREATMENT OF THE HANDICAPPED

- A. General: I would say that New Brunswick is not different than the other Canadian provinces in this respect. I would like to quote Dr. N. Levine as he talks about professional responsibility, "From my personal experience, only a small percentage of handicapped children require hospital or other specialized treatment centres for dental care. The majority can be treated in a dental office provided there is a positive, sincere approach on the part of the dentist to understand the problem and a willingness on the part of the institution or parent to truly cooperate."
- B. Undergraduate Training: In conversation with Dr. Gwen Terris, Chief Department Dentistry, Sir Isaac Walton Killam Hospital for sick children in Halifax, she felt that a minimum of ten weeks exposure to the problems of dentistry for the handicapped just brings the student to understand the many complexities of specialized dental care. The fourth year student at Dal. receives about a two week rotation with the sick children as part of their paedodontic course.
- C. Continuing Education for the General Practitioner: Each year the Journal of the Canadian Dental Association, The Ontario Dentist and the Quebec Dental Journal and others frequently list upgrading courses.
- D. The Provincial Dental Society: At present the New Brunswick Dental Society has no program or policy especially designed that deals with dentistry for the handicapped. It would do us well to read appendix 8 of the minutes of 1977 Council on Health Care which describes the Alberta Dental Association's relationship with the Handicapped Children's Services in Edmonton, Alberta.

Summary: In my investigation of the subject, I have determined that a great need exists for dental care for the handicapped especially for the mentally retarded. The demand for services reflects a modesty on the part of those afflicted and those who care for them. Our government appears interested in their situation and operates several programs principally through the Department of Social Services and the Department of Health. No one coordinated program exists to deal directly with the need, the demand or cost of such care to the handicapped person.

REFERENCES AND RESOURCE PERSONS

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2. A position paper prepared for the Canadian Dental Association, Council on Hospital Services - Summary of Recommendations, May 1974, by Dr. W.H. Feasby, D.D.S., M.S.C., F.R.C.D.
3. Dentistry for the Handicapped by G.D. Atkins, Ontario Dentist, Vol. 51, #12, December 1974.
4. Dental Care for the Handicapped - How much do we care?, by Dr. N. Levine, D.D.S., and Dr. M. Bullen, D.D.S. and Dr. J. Maltz, D.D.S., Ontario Dentist, Vol. #53, No. 9, Sept. 1976.
5. Report from Handicapped Children's Services, Appendix #8, Child Health Care, Jan. 1977.
6. Dr. John Blackmer - Director of Dental Health for the Province of New Brunswick.
7. Dr. Jack Thompson - General Practitioner, William Roberts Hospital.
8. Dr. Gwen Terris - Department of Dentistry, Sir Isaac Walton Killam Hospital for Sick Children
9. Mrs. Mary Gray - Director of C.A.M.R., Fredericton, N.B.

GERODONTICS

In the summer of this year, I carried out a mail survey of members of the Council on Health Care to determine whether there was any specific organized system of dental care delivery to the geriatric patient in their individual provinces. Replies were received from all provinces except British Columbia, Manitoba, Saskatchewan and Newfoundland.

The topic of Gerodontics has received increased notice in the last year or two evidenced by more frequent articles in the professional journals and seminars. This heightened awareness has been brought about, no doubt, by

1. the increased number of patients in this age grouping which is likely going to become more significant.
2. the awakening to the knowledge that geriatric patients have dental problems that are specific to their group and which must be treated differently than younger, healthier patients.
3. the group conscience of the dental profession becoming concerned over past neglect of this type of patient.

DELIVERY OF CARE TO THE GERIATRIC PATIENT:

From the replies received, there appears to be no large scale special system of dental care delivery to these patients. The vast majority of them are healthy, perhaps with some medical problems, ambulatory and living in their own private residences. Because of this, they secure their own private dentists, arrange their own transportation to the dental office, are able to make decisions regarding types of treatment and assume financial responsibility for this treatment. A much smaller group of patients are those who reside in nursing homes, homes for the aged and homes for special care. The amount and type of care, mode of delivery and accessibility to care varies greatly between types of institutions and varies between different members of each institution category. From some reports, it would appear that a large portion of these patients, depending on their health, secure and approach their dental treatment in the same way as those living outside by travelling to a private dentist.

Gerodontology

In some institutions, probably a small percentage, there are equipped dental facilities serviced usually by a part-time dentist. The availability and amount of in-institution care is probably determined by the administrators of these institutions and their perception of the need and value of this care. Unfortunately, dental care is often given less priority than chiropractic or podiatric care.

Another aspect of care delivered in institutions to those patients unable to do it themselves is the daily oral hygiene given by nursing staffs. It appears that nurses are aware of the necessity of daily care and in many cases do their best to provide it.

FUNDING FOR TREATMENT PROVIDED TO THE GERIATRIC PATIENT:

Of the replies received, only one province, Alberta, has a publicly funded plan to pay for dental services provided to geriatric patients (defined as those over 65 years of age). Some other provincial dental associations have gone on record as being in favour of this. In all provinces except Alberta at this time, treatment fees are paid by the patient or his relatives or in a very few cases, by the institution in which he resides. A geriatric patient who is eligible for welfare or social service benefits will have limited dental treatment provided in some jurisdictions.

In Alberta, citizens over 65 years of age receive free care to a maximum of \$1,000 every two years. For the year ending in 1976, there were 34,000 eligible patients, who received 191,000 individual services at a cost of \$152 per patient and a total cost to the plan of \$5,000,000.

QUALITY AND QUANTITY OF CARE:

The quality and quantity of dental care given to the geriatric patient is probably governed by two factors:

1. interest of individual dentists in treating this category of patient and his knowledge of the type of treatment that is needed for these patients.

Gerodontology

2. the interest of the geriatric patient in securing treatment and his ability to withstand this treatment.

As an association, we can raise these levels by:

- (i) encouraging those groups specifically interested in gerodontology
- (ii) encouraging the publication of more articles and promotion of more seminars on this topic.
- (iii) encouraging government to provide the financial means so that geriatric patients may receive care.
- (iv) to maintain or improve existing oral health, instructing nurses to assist patients with oral hygiene care and care of prostheses.

R.J. Sexton, D.D.S.
November, 1977.

INFORMATION SERVICES

REPORT OF COUNCIL ON INFORMATION SERVICES

For September 1977-March, 1978.

Members: A.E. MacLeod, Chairman, Halifax;
W.D. Scramstad, Surrey, B.C.; E. Freidin, Saskatoon;
P. Morin, Montreal; Mr. M. Tremblay, Montreal;
R. Ellis, Toronto.
Executive Liaison: G.E. Utas

Since the September Board meeting, Council met in Ottawa on October 7 and January 5 and 6.

1. Seal of Recognition Program

Council has now completed its evaluation, initiated in March 1977, of the CDA's Seal of Recognition Program. The chairman acknowledges the extensive work of Council members, the professional knowledge contributions of members of the sub-committee on Product Acceptance via its chairman, and the helpful survey of relevant CDA records by Lloyd Stevenson, CDA's executive director.

Council noted the questions about the Seal program raised by some CDA governors at the September 1977 Board meeting and therefore gave special attention to examining the functioning of the present Seal program, whether or not CDA should be involved in a Seal-type program, and if it is to be continued - what changes, if any, would be helpful in the future.

In its examination Council identified several defects in the present Seal program. Some of these defects are of a design nature, for example, the absence, from the program's inception, of a binding legal contract between CDA and the manufacturers. Other defects are in the area of execution, that is, the original features of the program are not being carried out as laid down by the architects of the program. The principal example of this type of defect is the 1972 agreement (unearthed by Lloyd Stevenson) between CDA and the CRTC to police TV advertisements, which is

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clearly not being carried out. Because of this, it may be that the public or at least some of the public, do not respect the objective authority Council believes should be associated with a CDA Seal of Recognition.

Having reviewed the relevant issues as to whether or not CDA should be involved in a Seal type program, Council is of the opinion that CDA should certainly be involved in a Seal of Approval program.

Council accordingly recommends:

"That CDA support the concept of approving therapeutic dental products in an advisory program for the general public."

The Board agrees.

In the opinion of Council, the basic philosophy behind the present Seal program is good but its execution, as mentioned above, is defective. Council is concerned about the absence of a binding legal contract and the risk of CDA liability under the present arrangement. The wording of TV commercials, currently non-specific and too favourable to manufacturers, should be revised promptly.

Council recommends therefore:

"That an advisory program for the information of the public be implemented. Features of this program should have the following characteristics:

1. Binding contract
2. List of effective products
3. Public referral to more information available
4. Liability protection
5. Vehicle for preventive dentistry
6. Fee for evaluation
7. Specific advertising language
 - a) CRTC to monitor TV commercials
 - b) Council on Information Services to monitor written statements.

The Board concurs with the above, with the exception of Item 2 and requests that the Council on Information Services provide clarification of this item to the Executive Council.

2. Review of Pamphlets and Brochures:

Dr. Freidin, Council member from Saskatchewan, has continued his extensive review of this aspect of CDA's Information Services.

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From time to time, he has experienced delays in responses from some auxiliary and specialist groups. However, the review and redesigning of our pamphlets and brochures is proceeding very well.

The Board expresses its appreciation to Dr. Freidin for the tremendous volume of work he has undertaken on behalf of the Association.

Council (on Information Services) recommends:

"That the distribution pattern as outlined by the Houston Group in their letter of December 1st as it relates to the Mouthguard pamphlet be accepted and that the pamphlets be distributed free of charge."

RESOLVED

The Board compliments Dr. Freidin on the development of the mouthguard program and recommends that a budget be developed for the services relating to the development, production and distribution of the mouthguard brochures for the 1978/79 season.

Adopted

3. Dental Health Week/Month 1978

The plans outlined by Dr. Scramstad, Council member for British Columbia and our National Dental Health Month Chairman at the workshop he organized for representatives of corporate members in Ottawa in the Spring of 1977 have been carried out. Planning kits have been designed and distributed throughout Canada. In the light of our shared 1978 experience across the country, Dr. Scramstad intends to organize a workshop for representatives of corporate members at CDA headquarters in May in order to plan the 1979 program.

RESOLVED

The Board congratulates Dr. Scramstad on the development of such a comprehensive program, and requests that a program and related budget with respect to the Workshop be developed.

Adopted

4. C.D.A. Film Library

Council considered whether C.D.A. should be in the film lending business, since other agencies do this well (e.g. dental schools).

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RESOLVED

- a) *That CDA confine its interest in film distribution to those films which are not normally available from other agencies and continue to use Modern Talking Pictures Inc. for their distribution.*

Adopted

- b) "That CDA investigate the possible acquisition of A.D.A. films on "Careers in Dentistry" and "Fluoridation" and the addition of short Canadian introductions to them."

The Board agrees to the possible acquisition of these films.

- c) "That CDA investigate the acquisition of membership in the Canadian Film Institute to facilitate CDA members obtaining films from this library."

The Board agrees to an investigation into the possible acquisition of membership.

- d) "That CDA update its list of sources of films on dentistry so that enquiries for film loans may be referred directly to such sources."

The Board agrees.

5. C.D.A. Journal:

Council received Executive Council authorization to seek new and additional material for the Journal via boards of provincial contributors and scientific editors. Work towards achieving these goals has been initiated through the office of the Executive Director of C.D.A. *Executive Council has agreed to this and instituted proceedings.*

Council noted also a suggestion from Executive Council that the masthead of the C.D.A. Journal be examined.

RESOLVED

"That the masthead of the C.D.A. Journal be changed to include:

1. The address and telephone number of CDA Headquarters.
2. The names of principal officials of the CDA.
3. Names, position and city location of the Executive Council of the CDA.
4. The names, city location and telephone number of the editorial staff.

Adopted

Information Sharing and Public Relations:

Council discussed the workings of the Communique and considers that as far as it knows, CDA Headquarters does not have a qualified staff person, other than the Executive Director, to stimulate and handle the flow of fresh information to the membership through the Communique.

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RESOLVED

That consideration be given to the appointment of a full-time individual to act in the area of information and public relations at CDA Headquarters, and that the matter be referred to the Management Committee for its recommendations.

Adopted

Press Releases:

Council was concerned about the lack of media coverage of its press release (November 9) on Mouth Protection. In view of the public information service of this topic, Council recommends:

"That a press release on mouth protection be issued to coincide with the start of the 1978/79 hockey season.

The Board recommended that the Corporate Members be contacted with a view to information sharing and timing of press releases to the media.

It was also recommended that press releases be issued to local cable TV stations as they carry minor sporting activities.

The Board expresses appreciation to Dr. MacLeod for this comprehensive report and to him and members of his Council for their efforts on behalf of the Association.

RESOLVED

That the report of the Council on Information Services be adopted.

Adopted

PUBLIC HEALTH

INTERIM REPORT

The Canadian Society of Public Health Dentists held their Annual Meeting on Sunday, October 23, 1977 at the Sheraton Centre in Toronto. Thirty-four members were in attendance.

During the meeting ten new members (9 active, 1 associate) were accepted as nominated by the Membership Committee bringing the total membership in C.S.P.H.D. to 87.

Dr. A. Salter resigned as Treasurer and Dr. J. McConchie retired as Secretary after many years of service. The report of the Nominations Committee was accepted with following Executive Officers.

Past-President	-	Dr. D.W. Lewis (Toronto)
President	-	Dr. M.H. Lewis (Regina)
President-Elect	-	Dr. J. Stamm (Montreal)
Secretary-Treasurer	-	Dr. R.L. Ellis (Toronto)

Following the business meeting, an excellent scientific presentation was made by Dr. Per Torrell on the Swedish Health Service including Use of Fluorides in Mouth Rinses. Many distinguished guests joined the members for the scientific session.

Respectfully submitted

Dr. R.L. Ellis
Secretary-Treasurer

December 20, 1977

RESOLVED

That the report of the Canadian Society of Public Health dentists be accepted.

Adopted

PROSTHODONTICS

President's Report

January 1978

1977 was a busy year of transition for the APC. Membership increased by 15% and it seems as if we have good representation of specialists in all parts of Canada now. More men are qualifying as specialists and we anticipate the membership to again increase in the future.

The membership was surveyed as to practice patterns and this report was previously submitted to the APC general meeting in Montreal in May 1977.

The membership, in looking ahead, voted to have the 1978 APC meeting in conjunction with the Second International Prosthodontic Congress, October 18-22, 1978, in Las Vegas, Nevada (enclosed). The Canadian programme will be held in the afternoon session, Thursday, October 19, 1978, in Pavillion Room Four of the Las Vegas Hilton. If you're interested in prosthodontics, attend this unique opportunity for top level exchange of knowledge at the international level. For further information, contact Aaron Fenton in Toronto.

The APC applied for and was granted affiliate member status in the Federation of Prosthodontic Organizations in September 1977. This gives the APC input and a corporate voice in the Federation which is the central organisation for Prosthodontics in North America. Further reports to follow.

Your president had the opportunity to preview a 16 minute presentation entitled "A New Look at Prosthodontics". It's an excellent introduction to the topic and scope of Prosthodontics for anyone interested. We have shown it to the undergraduate classes at Toronto and it has been well received. It's available free of charge from the FPO Central Office, ADA Building, Chicago.

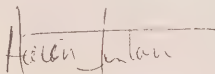
Recent publication of interest:

The Final Report from the Ad Hoc Committee for the Delivery of Quality Prosthetic Care for the Financially Disadvantaged.

J.A.D.A. 95: 1024, Nov. 1977.

1978 is shaping up as a busy year for Canadian Prosthodontics. We'll do our best to keep you in touch.

Yours sincerely,



Aaron Fenton, D.D.S., M.S., F.R.C.D.(C)
President

RESOLVED

That the report of the Association of Prosthodontists of Canada be accepted.

Adopted

YOU ARE CORDIALLY INVITED TO . . .

... become a charter member of the 2nd International Prosthodontic Congress to be held in the Las Vegas Hilton Hotel, Las Vegas, Nevada, October 18-22, 1978.

By registering now at the \$60.00 **Charter Membership** fee you will receive a handsome certificate and guarantee your admission, thus saving \$15.00 of the \$75.00 Congress registration fee.

More than 2,600 registered at the highly acclaimed and history-making First International Prosthodontic Congress in 1972. The 2nd Congress is sponsored by the **FEDERATION OF PROSTHODONTIC ORGANIZATIONS** with the **AMERICAN PROSTHODONTIC SOCIETY** as Host—the same leadership and program expertise that planned the successful first Congress.

The 2nd Congress has been designed to **DO A WORLD OF GOOD** for prosthodontics—presenting achievements, trends and innovations, covering complete dentures, fixed and removable partial dentures, maxillofacial prosthetics and dental implants.

Plan now to attend this information-packed event:

- More than 114 lectures
- 42 essayists from the United States
- 31 essayists from outside the United States
- continuous audio-visual programming
- table clinics from around the world

This three-day scientific meeting is **OPEN TO ALL DENTISTS**. Join with the FPO and American Prosthodontic Society on the occasion of its 50th Anniversary for the finest continuing education opportunity in the finest entertainment capital in the world—Las Vegas.

Contributing Organizations

Federation of Prosthodontic Organizations
American Prosthodontic Society
Editorial Council of the Journal of Prosthetic Dentistry
Education and Research Foundation of Prosthodontics
Canadian Academy of Prosthodontists
Pacific Coast Society of Prosthodontists

REGISTRATION FORM

SAVE \$15.00. ENROLL NOW

Please enroll me as a **CHARTER MEMBER OF THE 2ND INTERNATIONAL PROSTHODONTIC CONGRESS**

IMPORTANT . . . PLEASE NOTE: IF YOU ARE A MEMBER OF ANY ORGANIZATION AFFILIATED WITH THE FEDERATION OF PROSTHODONTIC ORGANIZATIONS (SEE LIST ON BACK PAGE OF THIS FLYER) YOU DO NOT HAVE TO PAY A REGISTRATION FEE. However, we will appreciate your filling out this form so we have a record of your planning to attend. Also, be sure to send in the hotel reservation card.

Enclosed is my check for \$60.00 to pre-register me at the 2nd International Prosthodontic Congress to be held at the Las Vegas Hilton Hotel, Oct. 18-22, 1978.

Please Type or Print Legibly

Name and Degree

Street Address

City

State, Province,
and/or Country

Zip or other
Postal Code

Make Check payable in U.S. Funds on a U.S. Bank to American Prosthodontic Society and mail with this form to:

Dr. Robert B. Underwood
Executive Director
American Prosthodontic Society
Suite 2108
919 N. Michigan Ave.
Chicago, IL 60611 USA

I am a member of _____ Dental Association

Please indicate your category

- | | |
|---|---|
| ☐ Dentist | ☐ Dental Assistant |
| ☐ Member of an allied profession | ☐ Hygienist |
| ☐ Dental Laboratory Technician | ☐ Secretary |
| ☐ School Dental Nurse | ☐ Student |

USE THE ENCLOSED LAS VEGAS HILTON ROOM RESERVATION CARD. SEND IT IN EARLY TO ASSURE A RESERVATION IN THE SITE OF THE CONGRESS. LATER RESERVATIONS WILL HAVE TO BE PLACED AT NEIGHBORING HOTELS IN LAS VEGAS.

We also invite you . . .

☐ Please send me a membership application form and brochure for the American Prosthodontic Society

INTERNATIONAL PROSTHODONTIC CONGRESS
SPONSORED BY THE FEDERATION OF PROSTHODONTIC ORGANIZATIONS AND HOSTED BY THE AMERICAN
PROSTHODONTIC SOCIETY ON THE OCCASION OF THEIR 50TH ANNIVERSARY

OCTOBER 18-22, 1978

LAS VEGAS HILTON HOTEL — LAS VEGAS, NEVADA

LAS VEGAS HILTON "CENTRAL"				LAS VEGAS HILTON "TOWER"			
Kings or Doubles/Doubles:				Kings or Double/Doubles:			
☐ \$ 36.00	☐ \$ 41.00	☐ \$ 44.00	☐ \$ 50.00	☐ \$ 57.00	☐ \$ 60.00		
Lanai Suites:				One Bedroom Parlor Suites:			
☐ \$ 75.00				☐ \$200.00	☐ \$260.00		
One Bedroom Parlor Suites:				Two Bedroom Parlor Suites:			
☐ \$114.00	☐ \$130.00	☐ \$155.00	☐ \$165.00	☐ \$275.00	☐ \$345.00		
Two Bedroom Parlor Suites:							
☐ \$158.00	☐ \$180.00	☐ \$212.00	☐ \$225.00				
SPECIALTY SUITE RATES WILL BE PROVIDED UPON REQUEST							

SPECIALTY SUITE RATES WILL BE PROVIDED UPON REQUEST

Date Arriving _____ Hour _____ AM/PM Date of Departure _____

Name _____ City _____ State _____ Zip _____

Address _____
 All rates quoted above are subject to 6% Clark County Room Tax. If arrival will be after 6 P.M., please forward one night's deposit. Be sure to indicate appropriate arrival date if you plan to attend any pre-Congress meetings. Please return prior to October 3, 1978 to insure confirmed reservations.

A N N U A L M E E T I N G

CANADIAN DENTAL ASSOCIATION
BOARD OF GOVERNORS' MEETING
HOLIDAY INN

WINNIPEG, MANITOBA
SEPTEMBER 9-10, 1978

A G E N D A

BOARD OF GOVERNORS' MEETING

SEPTEMBER 9-10, 1978

Campaign Room

Holiday Inn, Winnipeg

Saturday, September 9

9.00 a.m.

Call to Order
Invocation - Dr. Crawford
Official Call of Meeting
Roll Call
Adoption of Agenda
Minutes of Last Meeting
Necrology
President's Report

9.30 a.m. - 10.45 a.m.

Executive Council Report

10.45 a.m. - 11.00 a.m.

Coffee Break

11.00 a.m. - 11.30 a.m.

Executive Council Report

11.30 a.m. - 12.00 noon

Report of Council on Nominations
Nominations to Council on Nominations

12.00 noon - 12.30 p.m.

Election

12.30 p.m. - 2.00 p.m.

LUNCH

2.00 p.m. - 2.45 p.m.

C.D.S.P.I.

2.45 p.m. - 3.15 p.m.

Hospital Services

3.15 p.m. - 3.30 p.m.

Meeting of Voting Members

3.30 p.m. - 3.45 p.m.

Coffee Break

3.45 p.m. - 4.00 p.m.

Election Results
N.D.E.B.

4.00 p.m. - 4.30 p.m.

Dental Material and Devices

4.30 p.m. - 4.45 p.m.

Constitution & By-Laws

4.45 p.m. - 5.00 p.m.

Legislation

A G E N D A

(continued)

Sunday, September 10

9.00 a.m. - 10.00 a.m.	Information Services
10.00 a.m. - 10.45 a.m.	Management Committee
10.45 a.m. - 11.00 a.m.	Coffee Break
11.00 a.m. - 11.45 a.m.	Education
11.45 a.m. - 12.30 p.m.	Health Care
12.30 p.m. - 2.00 p.m.	LUNCH
2.00 p.m. - 2.30 p.m.	Student Affairs
2.30 p.m. - 3.00 p.m.	C.F.D.E.
3.00 p.m. - 3.30 p.m.	Reports of Sections
	Endodontics
	Oral Pathology
	Orthodontics
	Paedodontics
	Periodontology
	Public Health Dentists
3.30 p.m. - 3.45 p.m.	Coffee Break
3.45 p.m. - 4.00 p.m.	R.C.D.(C)
4.00 p.m.	Unfinished Business
	Adjournment

BOARD OF GOVERNORS
CANADIAN DENTAL ASSOCIATION
ANNUAL MEETING
SEPTEMBER 9, 10, 1978
WINNIPEG

CALL OF THE MEETING

The meeting was called to order at 9:15 a.m. on September 9, 1978.

INVOCATION

The invocation was given by Dr. R. Crawford.

ADOPTION OF AGENDA

RESOLVED:

That the agenda be adopted as circulated.

ADOPTED

MINUTES OF THE INTERIM BOARD MEETING
MARCH 13, 14, 1978

RESOLVED:

*That the minutes of the Interim Board Meeting
be accepted as circulated.*

ADOPTED

OTHER BUSINESS

RESOLVED

That, due to lack of time, the following reports be received as information and deferred to the Interim Board meeting in March 1979:

Dental Material and Devices

Health Care

*Section Reports: Endodontics
Oral Pathology
Orthodontics
Paedodontics
Periodontology
Public Health Dentists*

R.C.D. (C)

ADOPTED

Because of the great importance of one recommendation from the Health Care Report, the following resolution was passed:

RESOLVED

That the Council on Health Care recommend an alternate 10 line Standard Dental Claim Form and that it be approved by the Board of Governors.

ADOPTED

Dr. Rife gave a verbal report expressing the fact that most of the actions and functions of the Association are contained in the Board book.

It would therefore be redundant to recite the content of this book.

He expressed his gratitude to the corporate members for their invitations and for receiving him in a gracious fashion.

He also thanked the province of Quebec for having extended to Dr. Moran and his wife such generous hospitality when he acted in Dr. Rife's place at the Journée Dentaire du Québec.

Dr. Rife thanked each and everyone on the Executive Council for their dedication and cooperative attitude.

On behalf of the Association he thanked everyone under its employ for their dedication and creativity.

Dr. Rife also indicated his appreciation for the superlative work of both Mr. Watts and Mr. Stevenson.

EXECUTIVE COUNCIL

Members: Drs. C. Covit
M.J. Crompton - Past President
C.E. Dexter
R.F. Evans
R.N. Hicks
R.L. Moran - President-Elect
D.L. Rife - President and Chairman
A.J. Shinoff
G.E. Utas

1. Executive Council met April 7 and 8, July 7,8, and 9 and will meet August 25.
2. Management Committee met April 7, June 28, July 17 and will possibly meet once again before September 9.
3. In response to the request of the Board, the following motion was approved:

"A summary of the draft minutes prepared by staff, be forwarded to the Board of Governors, the Presidents and Secretaries/Executive Directors of Corporate Members, Council Chairmen (on request), Past Presidents (on request), and to the licensing bodies as soon as possible after each Executive meeting."

4. C.D.S.P.I.

a) CDA/CDSPI Relations

The following motion was approved by Council:

"That CDSPI be requested to present to Executive Council a draft of a proposed structure and relationship between CDA/CDSPI regarding our insurance and investment programmes, prior to May 15, 1978. Such a draft should also be forwarded to Corporate Members for their comments by the Executive Council".

Subsequently, CDSPI presented a draft to Executive Council. This draft was reviewed and was held to be incomplete. Therefore, a further motion was agreed upon:

"That the CDA Interim Council on Insurance and Investment be requested to present to Executive Council, by August 25, 1978, a draft of a proposed relationship between CDA/CDSPI regarding our insurance and investment programmes using the premise of the proposed structure outlined in the letter from Campbell, Godfrey and Lewtas of June 9, 1978".*

*This letter is included in the CDSPI report.

The Board received this as information.

A special meeting of Executive Council was called for August 25 to discuss the investment program, the structure and relationship of CDA/CDSPI and the Journal.

A report will be presented to the Board as a supplement to this Executive Council report or in conjunction with the CDSPI report.

b) Interim Claims Review Committee

An interim Claims Review Committee was appointed via the following motion:

"That any two of the CDSPI Management Committee's three members (Drs. Moran, Charendoff, Durran) be given the authority to serve on this Committee on an interim basis until it is properly established what the functions of the Committee will be, and the CDA has had the opportunity to select representatives."

The Board agreed.

c) CDA - R.R.S.P.

As noted in 4 (a), Executive Council will meet August 25/78 and also noted was that one agenda item is RRSP investment program.

To implement the research and presentations necessary for this meeting, the following motion was agreed upon:

"That the CDSPI Management Committee are directed to proceed with the investigation of the CDA RSSP using the plan as outlined at this meeting as the format. Further they are authorized to negotiate the fees to consultants needed to assist in this investigation and then proceed with same."

The Board received this as information.

d) C.A. Kench & Associates

Council agreed that there is an apparent lack of service from Charles A. Kench and Associates. Mrssrs. Apsey and Haigh were invited to the meeting to discuss the performance of Kench and Associates with respect to the plans.

Mr. Apsey reviewed past activities and agreed there had been some delays in the administration area. He explained that this was now under control and highlighted some of the proposed future activities to better the plan.

EXECUTIVE COUNCIL

After discussion on Mr. Apsey's presentation, the following motion was put forward:

"That a letter be drafted to C.A. Kench & Associates stating that the CDA is disappointed with the performance regarding their administration of insurance plans. This letter to be copied to the Council on Insurance & Investment".

A letter was therefore sent to Charles A. Kench & Associates with copy to CDSPI authorizing CDSPI to review the plan administration of Kench on behalf of CDA (Appendix 5). Appendix 5

5. STUDENT MEMBERSHIP MEETINGS

Difficulty was being encountered in coordinating meetings between students and CDA personnel and representatives. All meetings are to be coordinated through Ms. Linda Teteruck.

6. APPOINTMENT OF AD HOC COMMITTEE TO STUDY ALL ASPECTS OF COMPENSATION, EXPENSES, PER DIEMS, ETC.

Appendix 2

The Executive Council approved the following motion:

"That an Ad Hoc Committee be struck to investigate and report on the areas of compensation, expenses, per diems, etc., with Dr. Crompton as Chairman plus two members: Drs. Covit and Evans."

The report, with Executive comments, is attached as Appendix 2.

Executive commends the members of the Committee, Drs. Crompton, Evans and Covit for an excellent report.

7. F.D.I.

The Board agrees.

RESOLVED:

*"That the representation for the FDI Convention in Spain be as follows: Executive Director, L.A. Stevenson
National Treasurer, M.J. Crompton
Delegate, R.L. Moran
Delegate, D.L. Rife
Alternate, W.R. Thompson
Alternate, G.S. Beagrie."*

ADOPTED

F.D.I. Nomination

The Executive Council presents the following nomination motion to the Board for approval:

"That Dr. M.J. Crompton be nominated for the position of Councillor on the FDI Council."

The Board agreed.

8. CDA JOURNAL

The Executive Council approved the following motion:

"That an Ad Hoc Committee for the CDA Journal be formed with the following members:

*A.E. MacLeod
R.L. Moran
D.L. Rife
N. Munro."*

The Board received this as information.

The Executive Council requested that Dr. Neil Munro prepare a critique of the Journal.

A special meeting has been called by the Ad Hoc Committee for August 8 to discuss Dr. Munro's report. The report of the Ad Hoc Committee will be presented to Executive Council August 25 and will come before the Board as a supplement to this report.

Appendix 6

9. MEMBERSHIP IN CANADIAN STANDARDS ASSOCIATION

CDA has become a member of CSA. Drs. F. Pulver and A.W.S. Wood are working with CSA and are members of the Head Protection Sub-Committee.

10. CDA LOGO

CDA legal representatives have been requested to seek registration of the CDA logo as a trade mark.

11. APPOINTMENT OF DIRECTORS

Director of Communications

The Executive Council approved the job description of the Director of Communications. Ms. Ann Hammel was appointed Director and will begin work on August 14, 1978.

Director of Accreditation

Dr. J. Victor P. Chatwin was appointed Director and assumed his duties on July 17, 1978.

12. EMPLOYEE BENEFITS

A review of employee benefits was undertaken and adjustments made to non-executive overtime allowances and to meal allowances. As well revisions were made to compassionate leave provisions, educational assistance and recruitment bonuses.

13. MEETING OF SPECIALTY SECTIONS AT INTERIM BOARD MEETING

A report was presented indicating a successful meeting. Dr. Cripton recommended that it be continued. The following motion was presented.

"With respect to the Motion, Executive item 23, Transactions 1977, page 170 (Suggested Meeting with Specialty Sections), it is moved that this Meeting be convened annually in conjunction with the Annual Meeting of CDA by the President of CDA."

The Board agreed.

The following subsequent motion was presented:

"Whereas a representative of each of the Specialty Sections have been invited to attend and report to the Annual Meeting of the Board of Governors and whereas CDA has provided the funding to cover this attendance,

it is therefore moved,

that a meeting of the Presidents of the Specialty Sections be held annually in conjunction with the CDA Annual Meeting."

The Board agreed with the addition of "or designate" after the word Presidents.

14. CANADIAN SOCIETY OF ORAL SURGEONS

The following motion was presented in compliance with the wishes of the Society:

"That the CDA accept the name change of the Canadian Society of Oral Surgeons to the Canadian Association of Oral and Maxillofacial Surgeons."

The Board agreed.

15. 1979 INTERNATIONAL YEAR OF THE CHILD (W.H.O.)

The following resolution is presented for information:

"That corporate members and CDA Council Chairmen be advised that 1979 is to be called the International Year of the Child and should be kept in mind for next year's planning, and that the 'Proposal for a Canadian Commission 1979 IVC', Executive Council Res. 7, April 7th meeting, be included for their background information."

16. NATIONAL HEALTH SERVICES ADVISORY COMMITTEE

Dr. John Callingham was appointed as CDA representative to the Committee.

17. NATIONAL CANCER INSTITUTE

Dr. Gardner was appointed as CDA representative to the Institute.

18. CANADIAN ASSOCIATION OF DENTAL EXHIBITORS

The suggestions and services available through this Association were discussed and the following motion was put forward:

"That this be referred to Management Committee to meet with the representatives or Executives of the CADE."

Management Committee delegated Dr. Moran and Mr. Stevenson to meet with representatives of CADE.

A meeting with CADE representatives was held in Toronto with indeterminate results. Further meetings are therefore required and will be arranged.

EXECUTIVE COUNCIL

19. ORGANIZING COMMITTEE OF THE INTERNATIONAL FEDERATION
OF VOLUNTARY HEALTH SERVICES FUNDS (June 18-23, 1978)

The President was directed to attend this conference. A copy of the report of the conference will be sent to each Corporate Member when it is received.

20. COUNCIL REPORTS

The Executive Council prepared the following "Protocol for Council Reports" as a means of clarifying the confused situation as to what constitutes a Council Report to the Board.

1. Minutes of Council meetings will be forwarded to the Executive Council for information.
2. Council Chairmen will prepare a report consolidating the recommendations of the Councils and present it to the Executive Council prior to the Annual Meeting.
3. Council Chairmen will present a report to the Executive prior to the interim Board meeting.
4. Council Chairmen requesting the immediate attention of the Executive Council will present their request to the President in writing prior to any Executive Council meeting.
5. Council Chairmen are permitted to collect information but are not to make suggestions to outside agencies.
6. Only the Executive Council may take action on recommendations coming from the Councils.

This is presented for information to the Board. The following recommendation of Executive Council is presented as action in progress by Council:

"That the Management Committee re-draft the detailed protocol for Council reports (Appendix I, Executive Council Minutes, April 1978) for the CDA Policy and Procedure Manual and furthermore that said protocol

should include a skeleton draft of the actual format of a Council report and highlight the types of recommendations and appendices which must appear in a Council report."

21. CDA MEMBERSHIP COMMITTEE

Appendix 3

To provide for continuity of the Committee, the following motion was presented:

"That the membership of the Membership Committee be on the basis of a three-year term and that as the years go on, the change in representation be on a staggered basis so that not all members retire at the same time; and that the appointments to the Membership Committee assume their responsibility in May."

The Board agreed.

The report, with Executive comments, is attached as Appendix 3.

22. CDA DIRECTORY OF OFFICIALS

Modifications in the Directory were approved to include residence and office telephone numbers and addresses.

23. SECRETARIES' CONFERENCE

A review of the proceedings of the Conference was presented to Council. The following motion was introduced:

"Whereas the CDA has not allowed for this expense in its 1978 budget, the Secretaries' Conference should be funded for 1978 as in previous years."

Received as information.

Council reviewed the format of the Secretaries' Conference and concluded that an improved conference would result if a structure could be devised to embrace the concepts of the Secretaries' Conference in concert with a conference of Corporate Presidents. Therefore the following motion was presented:

"That a new formula be developed for our annual conference for Corporate Presidents and their chief executive officers' conference in 1979."

The Board agreed, with the addition of "or their designate" after the word Presidents.

24. NATIONAL HEALTH AND WELFARE

Dr. Gellman was invited to an Executive Council meeting to discuss CDA's involvement with the federal government in setting standards in private dental offices.

He reviewed the working paper on standards and guidelines in medical practice. He explained that the federal government would have no power of mandate over these and would only use them as a point of negotiation.

One of the Council's main concern was who would make the decisions concerning the enforcing of these guidelines.

A verbatim transcription of Dr. Gellman's presentation was forwarded to him.

Dr. Gellman and his staff are preparing a position paper, with related reference material, on the Department's interpretation of the proposed guidelines.

It is hoped that this material will be available to the Executive Council before September 1978.

25. PRESIDENTIAL VISITS

Due to the difficulty of arranging Presidential visits, and for coordinating everything relating to them, the Executive Director was requested to supervise all matters relating to Presidential visits.

Mr. Stevenson advised the Council that our new Director of Communications would be instructed to manage the matter of presidential visits under the following duties:

- a) be the custodian and recipient of all invitations;
- b) be responsible for inquiring regarding invitations;
- c) inform the President by copy of all invitations and agendas;
- d) determine and inform the President of all duties expected of him, of formal or informal dress, of all types of speech or greeting required and its suggested length;

- e) inquire of the Executive Director/Secretary of the provincial associations, of four topics of major concerns to the Association and having national/provincial orientation;
- f) inform the President regularly and sufficiently in advance of commitments and of the need to secure flight accommodation, etc.;
- g) previous notification of any possible media interviews."

26. W.K. KELLOGG FOUNDATION

Information was presented indicating the availability of funds to underwrite the cost of a lectureship through CFDE. The following motion was therefore agreed upon:

"That we proceed to arrange for lectureship through the W.K. Kellogg Foundation."

Received as information.

27. CONTINUING EDUCATION

A letter was sent to all Executive Directors and Presidents of Corporate Members to find out their position relative to the merit system in support of licensure to see whether it is advisable to form a committee to study this question.

Replies to this questionnaire are to be collected and referred to the Council on Education for their perusal.

28. AD HOC COMMITTEE ON EDUCATION

Appendix 1

The report for this ad hoc committee, with Executive comments, is attached as Appendix 1.

29. PAMPHLETS AND BROCHURES

The Executive Council accepted the draft copy, subject to certain amendments, of pamphlets recommended by the Council on Information Services re:

Consumer Information Brochure Regarding the
Value of Prepaid Dental Plans
Dental X-Ray Films Show Hidden Problems
Facts About Fluoridation
Dental Hygiene - A Career With a Future
Nature's Way to Fight Tooth Decay

30. HONORARY MEMBERSHIP

- a) The following motion was presented:

"That Dr. H.R. MacLean be presented with an Honorary Membership in the CDA."

The Board agreed.

- b) To bring order to the present system of recommendation of candidates for honorary membership, the following resolution is presented:

"That an open file be kept of those individuals who have been duly proposed for honorary membership in the Canadian Dental Association."

The Board agreed.

- c) Having reviewed the procedures for selecting nominees for recommendation to Council for honorary membership, the following motion was presented to amend the By-Laws as follows:

"That the duty of making recommendations for all awards in the Association be included in the terms of reference of the Membership Committee."

The Board agreed.

31. LIFE MEMBERS

The following motion was presented:

"That the list of life members be accepted as presented by the Membership Committee."

The Board agreed.

The Executive Council commends Dr. Crompton for his excellent work with the Per Diem and Membership Committees.

32. CDA BUILDING

A contract for the installation of a sign on the CDA building was awarded. Installation has been completed.

33. COMPUTER PROPOSAL

In order to bring CDA related computer functions closer to Headquarters, the following recommendation was presented:

"That the proposal to move CDA computerization 'on stream' with Systems Dimensions Ltd. of Ottawa, effective January 1, 1979 so as to effect better management and more effective control of our reporting requirements, be accepted."

The Board agreed.

MANAGEMENT COMMITTEE

34. The audited statements of CDA for 1977 are presented under the Management section of this Board Book.

"The Management Committee recommends that the CDA audited statements for 1977 be accepted as presented."

The Board agreed.

35. The audited statements for the FDI Congress are presented under the Management section of this Board Book.

"The Management Committee recommends that the audited statements for the FDI Congress be accepted as presented."

The Board agreed.

36. The audited statements for the Canadian Dental Research Foundation for 1977 are presented under the Management section of this Board Book.

"The Management Committee recommends that the audited statements for the CDRF be accepted as presented."

The Board agreed.

37. The current statements of revenue and expenditures are presented under the Management section of this Board Book for information.

38. The proposed Budget for 1979 is presented under the Management section of this Board Book.

"The Management Committee recommends adoption of the 1979 Budget."

The Board agreed.

39. Membership Fees

The following motions are presented by Management Committee:

- a) *"That the membership fee for Active members of CDA be increased to \$125.00 per annum effective January 1, 1980."*

The Board agreed.

- b) *"That Associate membership fees be increased from \$35.00 to \$50.00 effective January 1, 1980."*

The Board agreed.

- c) *"That Student membership fees be increased from \$5.00 to \$10.00 effective January 1, 1980."*

The Board agreed.

- d) *"That we do not recommend an increase in fees for Corporate members at this time."*

The Board agreed.

40. Auditors

"Management Committee recommends to Corporate Members that they appoint Touche, Ross & Co. as auditors for 1978."

The Board agreed.

41. TAXATION COMMITTEE

Appendix 4

The Taxation Committee report is attached as Appendix 4.

42. GRADUATE STUDENT INSURANCE PACKAGE

- a) Information was presented as to the cost of the package which is approximately \$56,000.00. This is a charge against the plans. The following motion is presented:

"That the graduate insurance package be continued and that the cost of the package be charged against the plans, and further, that the Interim Council on Insurance and Investment be requested to evaluate the results of this package."

The Executive Council is desirous of knowing how many graduates continue to be involved in the national/provincial insurance programs following expiry of the graduate package, and to what degree in terms of amounts of insurance, types of coverage and premiums involved.

The Board agreed with the motion.

- b) Ms. Linda Teteruck has been invited to make a presentation to the Board explaining the welcome to the profession and the student services available including the Student Graduate Insurance Package.

Ms. Teteruck is the Director of Student Affairs.

43. CONTRACTS AND POLICY AND PROCEDURE MANUALS

Executive Council agreed that the Contracts and Policy & Procedure Manuals be accepted and updated from time to time.

44. DIRECTORS' LIABILITY INSURANCE

Executive Council agreed that Directors' liability insurance be obtained at a cost of approximately \$1,500 per annum.

This is presented to the Board as information.

45. CDA ANNUAL CONVENTIONS

The following internal motion is presented for information of the Board. Recommendations from the Ad Hoc Committee will be presented to the Board for action.

"That an Ad Hoc Committee be formed of Executive Members, Drs. Covit and Moran, to set policies and guidelines in connection with CDA Annual Conventions."

The Board suggests that the word "recommend" be used instead of "set" before policies.

46. INTERIM BOARD OF GOVERNORS

The following recommendation is presented by Executive Council:

"That the Interim Board of Governors meeting be held in Ottawa at the Chateau Laurier on March 12 & 13, 1979."

The Board agreed.

47. CDSPI - Subsequent recommendations received from the meeting of the Interim Council on Insurance & Investment on August 25, 1978.

Recommendation

"That the Executive Council recommend to the Board of Governors that the fund manager of the equity fund and the balance fund be changed if and when necessary."

The Board agreed.

There was a lengthy discussion on the proposed structure for CDSPI. The Board was of the opinion that this subject had been postponed long enough.

The following motion was proposed:

"That the Board of CDSPI be constituted as follows:

To be elected or appointed by the corporate members involved;

*one from B.C.
one from Alberta
one from Saskatchewan - Manitoba
one from Ontario
one from Quebec
one from the Atlantic Provinces
one to be selected by the CDA Board of Governors*

The Management Committee to be appointed by the CDSPI Board, on a rotating basis with a maximum of three two-year terms".

The following resolution was then adopted.

RESOLVED

That this motion be referred to the Executive Council.

ADOPTED

It was further suggested by the Board that a special one-day meeting be called in Ottawa to discuss the restructure of CDSPI and the insurance and investment program. The terms of reference of the meeting and the attendance at this meeting could then be struck.

It was further suggested that the Executive Council consider having the proposal ready at this one-day meeting of the CDSPI.

48. In addition to the proposal made by CDSPI, Dr. Evans presented a diagram and draft of another proposed structure of CDSPI.

Recommendation

That the Executive Council accept the report from CDSPI relative to the proposed structure for CDSPI and forward it to the Board of Governors for information."

This recommendation was revised as follows:

That the report from CDSPI relative to the proposed structure for CDSPI be referred to the Executive Council to make a positive recommendation which will be presented at the interim Board meeting in March."

The Board agreed.

49. Recommendation

That the extension of the malpractice insurance for 5 years from the date of death or retirement be accepted. This to include a 5% increase in the premiums.

The Board agreed.

50. Recommendation

The Executive Council recommends that the term of the Interim Council on Insurance and Investment be extended to the Interim Board Meeting, March 12-13, 1979.

The Board agreed.

51. Direction to CDSPI

Re letter to Mr. Stevenson regarding options available on deregistrations of RRSP accounts - CDSPI to be asked to continue to supply information as it becomes available on retirement planning.

- 52. Actions subsequent to the preparation of this report will be presented to the Board at the Annual Meeting.
- 53. Actions and/or motions arising from Council, Committee etc. reports requiring action are noted in the various reports.
- 54. The Executive Council wishes to commend all members of our staff for the diligence and willingness with which they have performed all duties asked of them. In particular, Council wishes to express its deep appreciation to our Executive Director, Mr. Lloyd Stevenson for his excellent direction of the affairs of the Association.

TO: Executive Council, Canadian Dental Association

Subject: REPORT OF THE AD HOC COMMITTEE
COUNCIL ON EDUCATION STRUCTURE

The above Committee met on two occasions, 12 January, 1978 and 29 May, 1978, and completed its deliberations relative to its terms of reference and as well, those items referred for its consideration by the Board of Governors.

*Committee Composition, Terms of Reference
and referred items - Appendix I-A*

TERMS OF REFERENCE OF COUNCIL ON EDUCATION

These were received and it was felt wise to leave the terms of reference as broad as possible. The terms and the activity of Council did relate directly to matters of dental education.

To accommodate some latitude in the Council's ability to include other areas of Dental Education the following amendment was proposed as applied to clause IV - that the words "*and such other areas of dental education as may from time to time be approved by the Board of Governors*" be added after "courses" and before "and periodically reviewed".

A. The Committee recommends:

That paragraph IV of terms of reference under Duties of Council on Education which reads: "to accredit undergraduate, post-graduate and graduate programs in dentistry, programs in dental hygiene and dental assisting courses and periodically review such accreditation in accordance with the requirements and standards approved by the Board of Governors" be amended to read: "to accredit undergraduate, post-graduate and graduate programs in dentistry, programs in dental hygiene and dental assisting courses and such other areas of dental education as may from time to time be approved by the Board of Governors, and periodically review such accreditation in accordance with the requirements and standards approved by the Board of Governors".

Executive Council agrees, gives notice of motion and refers this to the Council on Constitution and By-Laws.

The Board agreed.

ACCREDITATION

The ramifications and scope of representation necessary to achieve the most effective inter-communication between the various aspects of organized dentistry seemed to be an integral component of any successful accreditation organizational structure. It appeared to the Committee that the Council possessed this type of membership composition and interlocking representation.

Accreditation is a responsibility related to education and should be a function of a Council, whose terms pertain to dental education.

To form another body or separate Council seemed to suggest duplication of terms, composition and unnecessary additional financial obligation.

B. The Committee recommends:

That the Accreditation Program of the Canadian Dental Association as specified in the Council on Education amended terms of reference remain under the purview of the Council on Education.

Executive Council agrees and adds suggestion for future review following experience of the program with the newly appointed staff coordinator.

The Board agreed.

Lay representation - paragraph 9a, Council on Education Report 1977 (T 77 - pg. 258)
"The Committee on Survey Policy has recommended and Council on Education approves the principle of lay representation on both the Council and the survey Policy Committee".

A similar proposal was made two years ago and was considered unnecessary at that time. The Committee is of the view that Government, labor and the consumer are increasingly aware and becoming more knowledgeable in the field of health and the delivery of health care. Indeed a growing concern relative to cost controls, standards of care, educational programs and the delivery mechanism itself is evident on the part of all three entities. It therefore seems prudent that the C.D.A. consider experimenting with a limited open door policy which could well have reciprocal advantageous results. It further seemed that the Council on Education Structure could most effectively accommodate such a representation.

C. The Committee recommends:

- 1) that the membership of the Council be increased to include a lay representative.

The Board agreed.

- 2) that the lay representative be elected by the Board of Governors from nominees submitted by the Council on Education.

Executive Council disagrees and recommends the following:

- 2) *that the Council on Education supply a list of nominees for this lay representative position from which the Executive Council will recommend a candidate for the Board of Governors' approval and appointment to the Council on Education.*

The Board agreed.

3) that the lay representative so elected have voting privilege on the Council on Education and such other committees of council that he or she may be appointed to.

The Board agreed.

WORK LOAD - D.A.T. PROGRAM - Paragraph 22, Council on Education Report 1977 (T - pg. 263)

The responsibility for student affairs has been removed from the Council on Education and placed in the hands of a separate council. The D.A.T. program deals directly with education and since reorganized has made significant progress, such that all dental schools are participating. Further, they are in the midst of an evaluation program. It seemed to the committee that the organizational position of C.D.A. should not be altered.

D. The Committee recommends:

That the D.A.T. program remain under the jurisdiction of the Council on Education.

The Board agreed.

COMPOSITION AND STRUCTURE

Inherent in the composition of the Council on Education should be appropriate and similar representation from three components involved in and concerned with the dental education process and the end product of that process. These are the dental educators, the licensing bodies and the profession itself. All three have in the past, presently do and must continue to play their respective roles in an atmosphere of mutual respect and cooperation.

As presently composed, there appears to be an over abundance of representation, a difficult nomination procedure and at Council meetings, representatives and observers often out weigh numerically the voting Council members.

In an effort to make structurally more representative, organizationally more straight forward, relative to its responsibilities, the structure, as outlined in APPENDIX B is proposed.

E. The Committee recommends:

The structure as contained in Appendix B be adopted as the new composition and structure for the Council on Education.

The Board agreed.

F. The Committee recommends:

That the terms of reference as proposed for the Committees of the Council on Education contained in Appendix C be adopted.

The Board agreed.

VOTING PRIVILEGES

To be elected, appointed to and/or officially represented on a Council or Committee and expected to participate and contribute to the activities of that Council, yet denied the privilege of voting, seemed to this Committee a rather negative concept.

It is to be noted that the C.D.N.A.A. and the C.D.H.A. do not have a vote on the Council on Education but do have a vote on the Survey Policy Committee.

Further, it is well to realize that the responsibility of all Councils or Committees is to recommend, relative to policy, not to make policy or ratify recommended policy; that responsibility rests with the Board of Governors or the Executive Council in the interim.

The nature of the responsibilities of the Council on Education and its representative composition seemed to suggest that some significant voice be offered to those groups participating. The Committee was of the view that some experimentation in this particular environment of our structure could well prove very meaningful.

G. The Committee recommends:

That those individuals elected to, appointed to and officially represented on the Council on Education be granted voting privileges.

The Board agreed.

It is to be noted that any C.D.A. member may attend and/or speak at any Council/Committee meeting with the permission and at the discretion of the Chairperson.

Executive Council agrees.

Respectfully submitted,
on behalf of the Committee

Carl E. Dexter
Chairman

Executive Council recommends that this amended report be referred to the Council on Constitution and By-Laws.

The Board agreed.

Executive Council thanks the Ad Hoc Committee for its work and disbands this committee.

In accord with the resolution from the Executive Council passed at the September 1977 Board of Governors meeting:

"That an Ad Hoc Committee, with representation from Executive Council and the Council on Education be formulated to look into the restructuring of the Council on Education and that Dr. Carl Dexter be Chairman"

The Executive at its December 1977 meeting named the Ad Hoc Committee with the following terms of reference.

COMMITTEE COMPOSITION

Council of Education Representatives

1. Dr. Feasby
2. Dr. McLean
3. Dr. Dunn

Executive Council Representatives

4. Dr. Utas
5. Dr. Evans
6. Dr. Dexter - Chairman

TERMS OF REFERENCE

1. To review terms of reference of Council on Education.
2. To review structure, composition and representation.
3. To make recommendations relative to the above and the activity of Council.
4. To report to the Executive Council prior to the Fall Board Meeting.

The Board of Governors further referred the following resolutions to this Ad Hoc Committee, for consideration. Council Education Report, 1977.

- 1) Paragraph 9

Representation on Licensing Bodies on Accreditation Team

The Committee on Survey Policy has recommended and Council approves the principle of lay representation on both the Council and Survey Policy Committee.

- (a) The Council recommends to the Board that:

Membership of the Council be increased by two lay representatives, elected by the Board of Governors from nominees submitted by National non-governmental agencies, such as the Canadian Labour Congress and the Canadian Association of Consumers.

EXECUTIVE COUNCIL RECOMMENDS THAT THIS QUESTION BE REFERRED TO THE AD HOC COMMITTEE ON EDUCATION.

2) Paragraph 13

Accreditation Conference

At the request of the Executive Council, the Council on Education has developed and approved for forwarding a proposed new structure for the Council on Education.

EXECUTIVE COUNCIL DISAGREES WITH THE RECOMMENDATION AND HAS APPOINTED AN AD HOC COMMITTEE. SEE EXECUTIVE COUNCIL REPORT.

3) Paragraph 22

Re: Workload

Council wishes to draw the attention of the Board, its opinion that:

Oversight of the D.A.T. program is best achieved by the Council on Education and can be accomplished adequately with minimum imposition on Council's time.

EXECUTIVE COUNCIL RECOMMENDS REFERRAL OF THIS MATTER TO THE AD HOC COMMITTEE.

SUGGESTED COUNCIL ON EDUCATION

1. Three shall be active members of the faculty of Canadian dental schools ----- 3
2. Four shall have no direct affiliation with a dental school ----- 4
 The Chairman shall be appointed by the Executive Council from groups 1 & 2
3. Lay person nominated by Council ----- 1
 Executive Council disagrees and recommends the following:
3. Lay person appointed by the Board of Governors
4. Dental undergraduate student
 (from nominations by the Council on Student Affairs) ----- 1
- 5 a) From nominations by Registrars ----- 1
 b) From nominations by N.D.E.B. ----- 1
 c) From nominations by A.C.F.D. ----- 1
 d) From nominations by R.C.D.C. ----- 1
 e) From nominations by C.D.N.A.A. ----- 1
 f) From nominations by C.D.H.A. ----- 1
6. A representative from National Dental Laboratories, when
 association is formed and approved ----- 1

TOTAL 16

Election to Council is for 3 year term, staggered, once renewable,
except for the student, who shall be for one year renewable.

Executive Council agrees, with the addition of the following comment:

*No person shall hold more than one position on the Council on Education
nor may they represent more than one organization or groups.*

COMMITTEES OF COUNCIL

1. The Committee on Dental Undergraduate and Specialty Programs:

REGISTRAR	MEMBER OF COUNCIL
R.C.D.C.	MEMBER OF COUNCIL
N.D.E.B.	MEMBER OF COUNCIL
A.C.F.D.	MEMBER OF COUNCIL
5 OTHERS	MEMBERS OF COUNCIL

Executive Council agrees.

2. Committee on Dental Auxiliary Programs:

C.D.N.A.A.	MEMBER OF COUNCIL
C.D.H.A.	MEMBER OF COUNCIL
LABORATORY	
TECHNOLOGY	MEMBER OF COUNCIL
3 OTHERS	MEMBERS OF COUNCIL

Executive Council agrees.

3. Dental Aptitude Test Committee:

FOUR MEMBERS ELECTED BY COUNCIL FOR 3 YEARS,
ONCE RENEWABLE.

Executive Council agrees.

Chairman of Council is an ex-officio member of all three Committees. It is expected that Committees 1 and 2 would meet in the same place and immediately preceeding the meeting of Council.

Council nominations to N.D.E.B.
A.C.F.D.

SUGGESTED TERMS OF REFERENCE OF THE COMMITTEES OF THE COUNCIL ON EDUCATIONCOMMITTEE # 1 -

Committee on dental undergraduate and specialty programs.

1. To develop and review the requirements for approval of dental undergraduate programs and programs leading to qualification in a specialty approved by the Canadian Dental Association.
2. Make recommendations on the survey and evaluation methodologies in dental undergraduate and specialty programs.
3. In consultation with the Accreditation Coordinator to establish survey schedules for dental undergraduate and specialty programs.
4. To determine the composition of survey teams.
5. To recommend to the Council on Education on the basis of evaluation reports and site visit reports, the approval status of dental undergraduate programs and programs leading to qualification in a specialty approved by the Canadian Dental Association.

COMMITTEE # 2 -

Committee on dental auxiliary programs.

1. To develop and review the requirements for approval of programs in dental hygiene, dental assisting and such other programs as may be approved by the Board of Governors.
2. Make recommendations on the survey and evaluation methodologies in dental auxiliary programs.
3. In consultation with the Accreditation Coordinator to establish survey schedules for dental auxiliary programs.
4. To determine the composition of survey teams.
5. To recommend to the Council on Education on the base of evaluation reports and site visit reports, the approval status of programs in dental hygiene, dental assisting and such other programs as may be approved by the Board of Governors.

COMMITTEE # 3 -

Dental Aptitude Test Committee

1. To recommend procedures and standards for dental aptitude testing of applicants to Canadian dental undergraduate programs.
2. To conduct the dental aptitude test making all the necessary arrangements required thereto.

Executive Council agrees.

A meeting of the Ad Hoc Committee on Per Diems was held on Friday May 19, 1978 commencing at 9:00 a.m. in the Boardroom of the C.D.A. Headquarters, 1815 Alta Vista Drive, Ottawa.

PRESENT: Dr. M.J. Crompton - Chairman
Dr. R.F. Evans
Dr. C. Covit
Mr. L.A. Stevenson - Executive Director, CDA
Mr. G. Watts - Director of Administration, CDA
Mrs. D. Treasure - Secretary

The purpose of the meeting was to provide Executive Council with recommendations concerning the various aspects of compensation for members of CDA Councils in accordance with the resolution passed by the Board of Governors at their Interim Board meeting held in March, 1978. This resolution was as follows:

Resolution:

That an Ad Hoc Committee be appointed to study all aspects of compensation, this to include expenses, per diems mileage etc.
And that this Committee submit a report for consideration at the September Board meeting.

Adopted

A subsequent motion (April) was approved by the Executive Council.

Excerpt from Executive Council's Minutes April 7-8, 1978:

2. AD HOC COMMITTEE TO STUDY ALL ASPECTS OF COMPENSATION

An Ad Hoc Committee has been set up to study all areas of compensation, per diem, etc. Dr. Crompton was appointed Chairman and Drs. Covit and Evans as members.

OPENING REMARKS:

The Chairman suggested that the Committee may wish to discuss first the philosophical aspects of the payment of per diems and other expenses incurred while attending meetings on behalf of the Canadian Dental Association. It was generally agreed that a per diem should at least reflect the member's office overhead for the period of time that he must be away from his office. It was felt that this would vary from one office situation to another. Attached as Appendix No. 1 to these minutes is a schedule of Provincial Organization Per Diem Rates.

OPENING REMARKS: (cont'd)Recommendation:

In keeping with the above philosophy it is recommended that, the present amount allowed for designated persons be \$300.00 and that the amount for the President be \$350.00 effective as of October 1, 1978.

The Board agrees.

ELIGIBILITY:

The Committee discussed the persons who would be eligible to receive per diems, their positions and by what authority a per diem would be paid. They also discussed honorariums, travelling expenses, mileage, lodging, meals, taxis and all other forms of expenses incurred while attending a meeting on behalf of the Canadian Dental Association and the method by which these expenses would be reimbursed.

It was felt that the onus for preparing and submitting to CDA a claim for reimbursement of expenses or a request for a per diem allowance would be on the claimant and not be the responsibility of the staff of CDA. Expense receipts must be submitted.

DIRECTIVES OF THE CDA:

Dr. Covit presented a report "Directives of the C.D.A. on the Remuneration of Per Diems and the Reimbursement of Expenses" which he had prepared in advance. The committee agreed to review this report for any additions, deletions, suggestions, or alterations and that the revised report would be attached to these minutes as Appendix No. 2.

PROPOSAL A AND B:

It was suggested by Dr. Evans that perhaps two proposals could be presented to the Executive Council dealing with these subjects in order to give them an alternate consideration. These proposals were as follows:

Proposal A - a detailed report (Directive of the CDA etc.)

Proposal B - a general report recommending that each eligible person authorized to attend a meeting be given a per diem to cover all expenses other than travel.

Proposal B was discussed and it was agreed that because of the inherent problems associated with the proposal it should not be submitted as a recommendation to Executive Council.

PER DIEM - ONE-HALF DAY:

The Committee discussed the event of a member attending a half day meeting or a meeting that required his presence for one or more days plus a half day and also the time factor in travelling to and from meetings. Where there was no loss of office overhead when the designated person travelled to a meeting on a Saturday or Sunday, there seemed to be no requirement for reimbursement. The matter of time away from family on week-ends was given consideration in this regard.

RESOLVED:

*That per diems be paid on a seven days a week basis.
and that it be added to chapter II of this report.*

ADOPTED

Recommendation:

It was recommended that for a half day meeting only one-half of the regular per diem would be paid. The same would apply for a half day (if required) to travel to and from the meeting place.

It was felt that if a member attended only half a day of a full day meeting he would be permitted only a half day per diem.

The Board agreed.

HONORARIA AND PER DIEM:

A member of the Committee pointed out that some of the provinces had a schedule of honoraria and per diems listing the amounts that, and to whom, and for what occasions an honoraria or per diem would be paid to a designated person. The honoraria and per diem schedules of the Ontario Dental Association, the Québec Dental Surgeons Association, the Alberta and British Columbia College of Dental Surgeons, were reviewed as reference material in setting-up an equivalent document for the Canadian Dental Association.

Recommendation:

It was agreed to recommend that a document would be compiled for the CDA and attached to "Directives of the C.D.A. - Honoraria, Per Diems, and Reimbursement of Expenses" as Schedule A, and that this schedule would be reviewed on an annual basis.

The Board agreed.

The Committee noted that per diems to attend Canadian Dental Association Board of Governors' meetings by the Provincial representatives of corporate bodies are being paid by the Provincial Associations with the exception of Ontario.

The Board noted this was incorrect information.

HONORARIA AND PER DIEMS: (cont'd)

Expenses connected with the position of the President of the Canadian Dental Association are reviewed by Management Committee.

It is the policy of the Management Committee to spot check the audit of per diems and expense claims on a periodic basis. It was noted that at present all cheques written by C.D.A. are reviewed by Management Committee on a regular basis.

It was felt that each new member of the Board of Governors and each new council chairman, should be given a copy of the Constitution and By-Laws, Management Manual and a copy of the Directive of the CDA - On Honoraria, Per Diems and Reimbursement of Expenses.

ATTENDANCE AT DOMESTIC AND INTERNATIONAL MEETINGS:

Committee members gave their views on the topic of attendance at both domestic and international meetings. They were generally of the opinion that for more than one representative of CDA to attend all these meetings was too costly and that for some occasions only one would be necessary. Pertinent information derived at these meetings could be passed along to interested parties. The Committee expressed its concern of the cost of visitations to domestic and international meetings. However, the Management Committee has the power to designate who will attend various visitations and which events are to be attended by either the President and/or the Executive Director or designate.

CONVENTIONS:

The Committee reviewed the situation with regard to payment of per diems to members attending the Canadian Dental Association conventions. The question of spouses attending these functions was also raised.

Recommendations:

Whereas members of the Management Committee are expected to attend the entire convention they would receive payment for three full days per diem. The remaining members of Executive Council would receive a one-half day per diem for each day of the convention attended. This is to go into effect at the Convention being held in Québec in 1979.

The Board agreed.

CONVENTIONS: (cont'd)Recommendations:

It was also recommended that reasonable expenses incurred by the spouse of a President, President-Elect, Past-President, Executive Director and the members of the Executive Council will be paid when it is deemed necessary by the Management Committee for such spouse to attend a function in conjunction with the President, President-Elect, Past-President, Executive Director or members of the Executive Council.

The Board agreed.

AUTHORIZATION FOR PAYMENT:

The Committee discussed and it was agreed that an item regarding the President, President-Elect and Past-President being required to submit a list of the meetings they attended on behalf of CDA when submitting their expense accounts to CDA, would be placed on the agenda of the next Management Committee meeting.

Respectfully Submitted,

Dr. R.E. Evans
Dr. C. Covit
Dr. M.J. Crompton - Chairman

The Board agreed with this report.

Dr. Froese was opposed.

RESOLVED:

That the members of the ad hoc committee on per diems be thanked for their work and this report be accepted.

ADOPTED

DIRECTIVES OF THE C.D.A.

- I - HONORARIA
- II - PER DIEMS
- III - REIMBURSEMENT
OF EXPENSES

APPROVED BY

THE BOARD OF GOVERNORS

September 9, 1978

DATE

CHAPTER I - HONORARIAArticle 1 Field of Application

- 1.1 The present directive applies to the position of President of the Association and to the positions of Past-President and President-Elect.

Article 2 Definitions

- 2.1 Employer signifies the Canadian Dental Association.
- 2.2 President of the Association signifies that position which is described in Article IX, Section 2 of the By-Laws of the Employer.
- 2.3 President-Elect of the Association signifies that position which is described in Article IX, Section 3 of the By-Laws of the Employer.
- 2.4 Past-President of the Association signifies that position which is described throughout the By-Laws of the Employer.

Article 3 General Principle

- 3.1 To receive the remuneration for a particular position one must be elected by the Board of Governors.

Article 4 Duties and Obligations

- 4.1 To receive the remuneration and the per diems attached to each position the President, Past-President, and President-Elect must fulfill those duties and obligations specified in the By-Laws of the Canadian Dental Association as well as those duties and obligations delegated by the Board of Governors and Executive Council.

CHAPTER I - HONORARIAArticle 5 Honorarium

- 5.1 The position of President of the Canadian Dental Association will be remunerated as per the attached Schedule A.
- 5.2 The positions of President-Elect and Past-President of the Canadian Dental Association will be remunerated as per the attached Schedule A.

Article 6 Effective Date

- 6.1 This directive is to be effective as of October 1, 1978.

CHAPTER II PER DIEMSArticle 1 Field of Application

- 1.1 The present directive applies to all Members of the Executive Council, Chairman of the Board, Council Chairmen, and to Presidential Appointees ratified by the Management Committee, and is applicable 7 days a week.
- 1.2 When a person is receiving a per diem from another organization, the CDA will not pay a per diem.

Article 2 Definitions

- 2.1 Employer signifies the Canadian Dental Association.
- 2.2 Participant signifies the Members of the Executive Council, Chairman of the Board, Council Chairmen and Presidential Appointees.

Article 3 General Principle

- 3.1 For a meeting to be considered eligible it must be convened by the President, Executive Director or Council Chairman in the context of their duties and obligations and be approved by the Management Committee. It is the policy of the Canadian Dental Association to provide, on the basis of budgeted funds, reimbursement for travel and maintenance expenses of all personnel on official business for the Association.
- 3.2 For representation to be considered eligible it must be so mandated by the Board of Governors President, Executive Director or Executive Council.
- 3.3 Except for exceptional circumstances, a meeting should be held at the Headquarters of the Association. Notice of meeting issued from Headquarters constitutes authorization that Members travel is on official business.

CHAPTER II - PER DIEMSArticle 4 Executive Council Members

- 4.1 The per diem for an Executive Council member for a full day meeting shall be as per the attached Schedule A.

Article 5 Chairman of the Board

- 5.1 The per diem for the Chairman of the Board for a full day meeting shall be as per the attached Schedule A.

Article 6 Council Chairmen

- 6.1 The per diem for the Council Chairmen for a full day meeting shall be as per the attached Schedule A.

Article 7 Presidential Appointees

- 7.1 The per diem for the Presidential Appointees for a full day meeting shall be as per the attached Schedule A.

Presidential Appointments are subject to ratification by the Management Committee.

Article 8 Effective Date

- 8.1 This directive is to be effective as of October 1, 1978.

CHAPTER III - REIMBURSEMENT OF EXPENSESArticle 1 Field of Application

- 1.1 The present directive applies to all Governors, Chairman of the Board, members of Executive Council, Council Chairmen, elected Council members, Committee Chairman and resource personnel or Presidential appointees, (as approved by Management Committee), Management Committee.

Article 2 Definitions

- 2.1 Employer signifies the Canadian Dental Association.
- 2.2 Designated persons signifies those individuals listed above.

Article 3 General Principle

- 3.1 In order that an expense be reimbursed by the Association it must be necessary, reasonable and have been effective.
- 3.2 It is the policy of the Canadian Dental Association to provide, on the basis of budgeted funds, reimbursement for travel and maintenance expenses of all personnel carrying on official business for the Association.

Article 4 Authorization

- 4.1 The authorization for any expense must have been approved by either the Board of Governors, Executive Council, President, Executive Director or Management Committee.

Article 5 Travel, Meals, Lodging and Telephone - on Presentation of Receipts

- 5.1 Travelling Expenses

Article 5 Travel, Meals, Lodging and Telephone - on Presentation
of Receipts (cont'd)

5.1.1. General Rules

The distance which will be recognized for compensation is that which is necessary and undertaken by a designated person on the exercise of his duties.

The expenses for all forms of travel incurred by a designated person in the exercise of his duties are eligible for reimbursement. Furthermore parking expenses before, during and after an authorized trip are to be reimbursed.

5.1.2. Personal Automobile

The designated person who uses his personal automobile in the exercise of his duties will receive the following indemnity: X number of cents per km as per Schedule A.

5.1.3. Taxis

The employer will reimburse the designated person for the actual expense incurred when a taxi is authorized in the exercise of his duties.

5.1.4. Common Transport

The employer will reimburse the designated person for the actual expense incurred when common transport is utilized in the exercise of his duties. Normally, economy class fare will be the amount reimbursed.

5.1.5. Parking and Tolls

The employer will reimburse the designated persons parking and toll expenses incurred in the exercise of his duties.

5.2. Meal Expenses

The employer will normally reimburse the designated persons for meal expenses incurred in the exercise of his duties.

CHAPTER III - REIMBURSEMENT OF EXPENSES

Article 5 Travel, Meals, Lodging and Telephone - on Presentation of Receipts (cont'd)

5.3 Lodging Expenses

The employer will normally reimburse the designated persons for lodging expense incurred in the exercise of his duties.

5.4 Maintenance

Maintenance includes actual expenses of the traveller for hotel, meals, gratuities and local travel, during the time it is necessary to be away from home or office to satisfy the purpose of the travel. For meetings such as council and committee meetings and the Board of Governors' meeting, hotel expense may be included from the evening preceding a daytime meeting until the morning following the close of the meeting.

5.5 Telephone

Prior authorization is required to claim long distance telephone expenses in the exercise of his duties.

Article 6 Other Expenses

- 6.1 When other expenses are incurred as a result of the present directive receipts must be produced.

Article 7 Payment of Accounts

- 7.1 Each expense account should be presented by the designated person within forty-five (45) days. The account should be accompanied by original receipts and any necessary additional information that would be required.

Article 8 Effective Date

- 8.1 This directive is to be effective as of October 1, 1978.

NOTE: Any expense claim disputes will be reviewed by the Management Committee upon request.

SCHEDULE "A"
HONORARIA AND PER DIEMS
RECOMMENDATIONS
AD HOC COMMITTEE MEETING
MAY 19, 1978

Honoraria:

President	-	\$12,000. per year
President-Elect	-	6,000. per year
Past-President	-	6,000. per year

Per Diems:

President	-	\$350. per day
President-Elect	-	300. per day
Past-President	-	300. per day
Executive Council Member	-	300. per day
Chairmen of Councils	-	200. per day
Chairman of Board	-	200. per day

Per Diems will be paid for the following:

- 1) Executive Council Meetings
- 2) Management Meetings
- 3) Meetings at the President's Request
- 4) All other Council Meetings
- 5) Half-day travel when half-day is necessary

Mileage:

\$0.20 per kilometer

Executive Council agrees with this Schedule.

Appendix No. 1

PROVINCIAL ORGANIZATION	PER DIEM	LICENSE FEE
Alberta	\$220.00	\$450.00
British Columbia	250.00	495.00
Manitoba	150.00	400.00
New Brunswick	150.00	300.00
Newfoundland	?	?
Nova Scotia	200.00	350.00
Ontario	200.00	565.00
Prince Edward Island	150.00	375.00
Québec	130.00	650.00
Saskatchewan	175.00	425.00
R.C.D.S.	300.00	
C.D.A.	350.00	
C.D.S.P.I.	450.00/Preparation time \$250.00 per diem	
N.D.E.B.	This matter is under review at the present and will be finalized at their annual meeting to be held at the end of June 1978.	

MEMBERSHIP COMMITTEE MEETING - MAY 19, 1978:

Attendance: Dr. M.J. Crompton, Chairman
 Dr. C. Covit
 Dr. J.W. MacKay
 Mr. L. Stevenson, Executive Director, CDA
 Mr. G. Watts, Director of Administration, CDA
 Mr. M. Tremblay, Communications Officer, QDSA
 Ms. L. Teteruck, Director of Student Affairs, CDA
 Ms. C. Wilcox, Accountant/Office Manager, CDA

Absent: Dr. M. Charendoff
 Dr. G. Pitkin

Business Arising from Previous Minutes - January 11, 1978:

Life Membership

Dr. Crompton reviewed with the committee the actions which had been taken to date regarding the implementation of the life membership category. He indicated that an application and explanation of life membership appeared in the April issue of the CDA Journal. Dr. Covit noted that the French translation of this information was poorly done and he strongly suggested that the CDA seek someone in the Ottawa area who could properly translate our materials. Mr. Tremblay was requested to provide CDA with the name of this individual.

As a result of correspondence received from Mr. Ken Croft, Managing Director of the Royal College of Dental Surgeons of B.C. regarding the implementation of our life membership category, it was the consensus of the committee that the onus for life membership was on the individual dentist not the CDA. Life membership would be granted to the dentist upon application for membership and approval by the Executive Council.

It was the decision of the committee that upon application for life membership status and approval by the Executive Council, the dentist would be reimbursed his membership fee directly by the CDA. This would not include the corporate fee.

Motion: MacKay/Covit:

"That in any province where a dentist applies for life membership status and has paid his membership fees for that year, the dentist will be reimbursed his membership fees directly by the CDA".

CARRIED

The Board agrees with the addition of the words "and is accepted for CDA" after the word applies.

Business Arising from Previous Minutes - January 11, 1978:

Life Membership (cont'd)

In provinces where membership is voluntary, once life membership status had been granted to a particular dentist, he would not be billed on a yearly basis for his membership fees.

In provinces where CDA membership is compulsory, membership fees would also be reimbursed directly by the CDA.

Motion: Covit/MacKay:

"That where membership is compulsory, all corporate bodies be asked to pay CDA membership for all licensed dentists and CDA will refund the membership fees directly to the dentists who are life members".

The Board agreed.

CARRIED

It also was the consensus of the committee that the qualification for life membership status was dependent upon retention of CDA membership by the applicant. All members of the association who are 65 years of age or over or who have been in practice for 40 years can apply for life membership provided that they have maintained their membership in the association. If they have not maintained their membership, they cannot qualify for life membership status.

Executive Council requests that the Membership Committee prepare terms of reference pertaining to individuals that qualify for life membership under these two categories but may or may not have been members of the national body for X number of years.

The Board agreed.

Membership Brochure

Motion: MacKay/Covit:

"That the Membership Committee express to the Executive Council its extreme displeasure with the translation services of the Houston Group and recommend that other translation services be utilized".

CARRIED

Executive Council agrees and directs this motion to the Management Committee.

The Board agreed.

This action on the part of the committee merely reinforced the request by the committee to Mr. Tremblay to suggest to the CDA the name of an individual in the Ottawa area who would be able to provide adequate translation services for the CDA.

Membership Figures to Date - Québec

Active - 1,260
 Assoc. - 52
 Life - 76
 Honorary- 2

1,390 Total number of licensed dentists in Québec -@2,100.

Terms of Office of the Membership Committee:

Motion: MacKay/Covit:

"That effective May 1, 1978 the following terms of office apply to the individuals presently serving on the CDA Membership Committee:

Dr. Covit - 1 year; Dr. R.F. Evans - 2 years;
 Dr. MacKay - 3 years".

The Board agreed.

CARRIED

It was noted by the committee that Mr. Tremblay and the representative from the Ontario Dental Association would be liaisons to the committee.

Membership Campaign - 1979:Québec/CDA

Both Dr. Covit and Mr. Stevenson discussed the problems with mailings to the Québec dentists and the difficulties encountered with the ODA computer services. As a result of these discussions the following motion was passed:

Motion: Covit/MacKay:

"That the feasibility of utilizing computer services other than that of the Ontario Dental Association be studied by the CDA Management Committee".

Executive notes that this is already under review by Management Committee

CARRIED

Salaried Dentists:

The committee discussed the possibility of establishing a separate category of membership for salaried dentists. This issue was raised since many salaried dentists such as those in the armed services, teaching at universities and in government employment feel that many of the services which the CDA renders to its members are not of benefit to salaried employees since these employees obtain benefits through their place of employment. Consequently, many salaried dentists feel that they should receive a reduced rate of membership in CDA.

After careful deliberation by the committee, it was the consensus of the committee that there would be no reduction of fees for salaried dentists and no separate category of membership. *Motion to this effect page 8.*

Correspondence:Dentists in the Northwest Territories

As a result of correspondence received from Dr. Partridge in the Northwest Territories, the committee noted that the CDA has no corporate member in the NWT or Yukon. Despite this fact, it was felt by the committee that dentists should be eligible for active membership status. Consequently, the following motion was passed:

Motion: Covit/MacKay:

"Whereas dentists in the Yukon Territories and Northwest Territories have no corporate member of the CDA, and

Whereas dentists in the Yukon and NWT are graduates of Canadian universities and licensable to practice in a province in Canada, and

In view of the fact that the CDA Membership Committee sees no reason not to permit these dentists in the Yukon Territories and NWT to have active membership status in the Canadian Dental Association

Be it resolved

That Article V in the CDA Letters Patent and By-Laws pertaining to active membership be amended to include the foregoing dentists as active members of the association".

CARRIED

Executive Council disagrees and recommends that the Membership Committee be asked to inform the dentists in the Northwest Territories and the Yukon of other means of becoming active or affiliate members of CDA.

The Board agreed with the Executive Council recommendation.

Multiple Membership - Duplicate Payment:

The committee discussed the problem of duplicate payment of membership fees for those dentists who are licensed in more than one province and consequently, are paying CDA fees more than once.

The following motion was passed to deal with this problem:

Motion: MacKay/Covit:

"That where a member is licensed in two or more provinces and has paid duplicate membership fees to the CDA,

that, on request, the dentist be reimbursed his membership fee, and

that his name be counted on the CDA membership list of the corporate body for the province in which he is in practice, except for the armed forces".

Executive Council agrees.

CARRIED

The Board disagreed and recommended the following:

That where a member to the CDA,

that dentists be required to pay only one membership fee, and

that his name armed forces.

This motion was DEFEATED and the following was recommended:

That where a member to the CDA,

that, on request, the dentist be reimbursed the appropriate excess membership fee, and

that his name armed forces.

The Board agreed.

New Business:Tally of Membership Governing Board Representation - Life Members

The committee discussed the inclusion of life members into the assessment of members which governed Board representation by the provinces.

Motion: Covit/MacKay:

"That the Executive Council consider Article 8, Section 1 of the CDA Letters Patent and By-Laws concerning the composition of the Board of Governors to include both active and life members".

CARRIED

Executive Council disagrees but would like to review this motion in a year's time when better statistics will be available. Executive Council agrees that life members will be counted when considering the composition of the Board of Governors for 1979.

The Board agreed.

MEMBERSHIP COMMITTEE MEETING - June 29, 1978:

Attendance: Dr. M.J. Crompton, Chairman
Dr. C. Covit
Dr. J.W. MacKay
Mr. L. Stevenson, Executive Director, CDA
Mr. G. Watts, Director of Administration, CDA
Ms. L. Teteruck, Director of Student Affairs, CDA
Ms. C. Wilcox, Accountant/Office Manager, CDA
Mr. W. Tedman, Ontario Dental Association
Dr. G. Pirkin, Ontario Dental Association

Absent: Dr. M. Charendoff
Mr. M. Tremblay

Chairman's Remarks:

The Chairman requested the ODA representatives to nominate a replacement for Dr. Charendoff's position on this committee.

1979 Membership Campaign - ODA:

The ODA representative apologized for not attending the previous Membership Committee meeting and advised that the New Chairman of ODA's Membership Committee is Dr. Bill Hazel.

The last ODA Membership Committee meeting was held on June 20, 1978. At the next meeting, July 21, the theme for the membership campaign will be established. Membership campaign meetings will be held on the following dates:

July 21, 1978 at 2:00 p.m., August 18, 1978 at 2:00 p.m. and
September 18, 1978 at 2:00 p.m.

Discussion was held on whether the joint venture of the CDA/ODA booklet should be a separate venture.

1979 Membership Campaign - ODA: (cont'd)

ODA advised they sent out 200 random survey questionnaires on the booklet type of information vehicle. Mr. Tedman reported that the consensus received to date is for continuance on a conjoint basis.

Mr. Tedman advised that ODA will not be billing CDA for part of the printing costs of the questionnaire, as originally agreed, due to the fact that CDA was not given the opportunity to examine or comment on the brochure before it was distributed.

Mr. Tedman emphasized, that in order to meet the deadline, names of Council Chairmen must be received from CDA no later than September 20, 1978.

Motion: Covit/MacKay:

"That the Council Chairmen for 1978-79 be named by September 20, 1978 for purposes of the brochure and for continuity within the various councils".

CARRIED

Executive Council disagrees and recommends the following substitute motion:

"That CDA retain its own membership brochure and that the Council Chairmen for 1978-79 be named as soon as possible for purposes of this brochure and for continuity within the various councils".

The Board agreed.

The timing was discussed in having the article on ODA/CDA membership in CDA's December Journal with CDA supplying ODA material for their February Journal, with Dr. Moran's letter being published in January.

ODA requested CDA liaise with the CDA journal staff to prepare a draft article for insertion in CDA's December Journal, and submitted to ODA for review prior to insertion. Council recommended that Executive Council determine who will be writing the editorial for the February edition of "Ontario Dentist".

Mr. Tedman stated CDA's membership figures in Ontario, as of the end of June are 2604 active members compared to last year's figure of 2546 with 46 associates this year v.s. 37 last year for a total of 2650 this year compared to 2583 last year.

Mr. Stevenson discussed potential areas of increasing membership. In the province of Ontario there are potentially 4149 members, as reported in Mr. Tedman's letter of July 5, 1978.

1979 Membership Campaign - QDSA:

Dr. Covit reported on the Québec 1979 Membership Campaign as follows:

A letter from a member of Executive or Board of Governors from Québec CDA will be mailed November 1, 1978.

A second letter, with invoices included in both cases, with the CDA membership brochure will be mailed January 15, 1979.

An article will be published, preferably in CDA's Communiqué, in December with an article in Québec's "Dent Pour Dent" in January.

Dr. Covit would like to see a meeting in late February between CDA's Membership Chairman and the three presidents of the local Societies in Montréal.

It was agreed that the March issue of the CDA Journal cover should be sent to all non-members of the CDA in Quebec and Ontario.

C. Wilcox will provide Dr. Covit with Québec's figures for membership, to date.

ODA will be carrying an article in the journal plus they would like some reference to the voluntary campaign in Ontario made when Québec issues their communiqué promoting membership.

Student Membership:

Ms. Teteruck distributed the CDA/ODA Dental Student Membership booklets to the members of the committee and outlined the campaign as follows:

The target date of September 1st necessitates any changes or revisions be made by July 7, 1978.

Three student membership brochures are being developed:

1. For students outside of Ontario,
2. For students in Ontario, and
3. For French language students.

The membership material will be distributed to dental faculties September 1st. First year students will receive a letter from the President of CDA encouraging them to become CDA student members.

In addition, material from the National Dental Examining Board outlining basic structures, functions, etc. will be distributed as requested by the Council on Student Affairs.

Military Membership:

ODA advised that the figures for military membership in ODA is 49 this year compared to 47 last year at \$50.00 each.

Mr. Tedman reported in his letter of July 5, 1978 that CDA province-wide average is 62.76%. The number of ODA salaried dentists who are CDA members is 53.14%. The number of ODA military dentists who are CDA members is 34.69%.

Motion: Covit/MacKay:

"That there be no reduction in fees for salaried dentists or military personnel and no special category of membership".

CARRIED

Executive Council agrees in principle and refers this to the Membership Committee for a position statement.

The Board agreed.

When preparing mailing lists for military dentists the licensing province is used, for non-military dentists the residence province is used.

Mandatory CDA Membership to Attend FDI:

The following quote was read to the committee regarding mandatory CDA membership to attend FDI:

"It is a regulation of FDI that practising dentists must be members of their own national association to be eligible for supporting membership in FDI."

"At the World Dental Congress in London, 1974, the FDI General Assembly agreed that academics including teachers and researchers who do not practice, may apply directly to the FDI Executive Director for supporting membership. Before that membership is granted, however, it must be approved by the individual's own national association."

"Council considered the matter, concluding that there should be no differences in eligibility for practicing dentists and academics. (After discussion the Board approved the following resolution.)"

RESOLVED: "That Canadian supporting members of FDI must be members or associate members of CDA."

Executive Council agrees and notes that this is already covered in the FDI By-Laws.

This quote was sent in reply to a letter received from Dr. C.R. Bateson regarding mandatory CDA membership to attend FDI.

Mr. Stevenson will call Dr. Bateson personally to clarify this matter.

Other Business:FDI Membership

Mr. Stevenson read a letter from Dr. Alberg reiterating his delight with the successful recruitment of members to FDI.

In reply to Dr. Alberg's request for assistance in calculating the number of copies to be printed for the first issues of the news letter, it was decided that last year's list should be used for the first couple of issues.

Dr. M.J. Crompton,
Chairman
Membership Committee

At the present time it is impossible to operate the membership program at the optimum of efficiency for a number of reasons. The following recommendations are submitted for Executive's consideration:

1. As each province has its individual regulations, the information received by CDA is diverse. This situation complicates the process of record keeping, etc.

RECOMMENDATION: That each province be asked to provide CDA with their categories and qualifications for membership. This would facilitate standardization of membership application. (It should be noted that provincial qualifications do not always coincide with national qualifications).

The Board agreed.

2. Lists of members and accompanying remittance do not always correspond.

RECOMMENDATION: Membership lists and remittance should be checked before mailing to Headquarters to ensure that they agree.

If CDA could be advised of the complete name, address, school and year of graduation, this would permit proper identification and reconciliation of revenues.

The Board agreed.

3. Each province remits for different categories and unfortunately previous requests for written confirmation of payment groups has met with little success.

RECOMMENDATION: That the provinces be asked to indicate the specific categories for which they are remitting.

It is the suggestion of the Membership Committee that once we receive information from the Corporate members of the membership and payment categories with which they operate, a standardized format be presented to them for their approval and eventual utilization.

The Board agreed.

RESOLVED

That this report be accepted.

ADOPTED

Members: Dr. C. Covit
Dr. R. Hicks - Chairman

Advisers: Mr. L. Stevenson
Mr. G. Watts
Mr. J. Gillies

Since its initial meeting on October 28, 1977, the Committee has gained the assistance of two consultants - a chartered accountant, Mr. W. Fahey of Touche Ross & Co. and a taxation lawyer, Mr. D. Matheson of McMillan, Binch. While the Committee's main efforts have been directed at obtaining deductibility of continuing education expenses in the computation of net taxable income, activity has also occurred in areas related to custom duties, excise taxes and federal sales tax on imported dental equipment, instruments and supplies. Support has also been given to other groups in their attempts to improve Registered Retirement Saving Plan regulations.

Specific actions taken by the Committee are as follows:

1. CONTINUING EDUCATION EXPENSES

At the request of this Committee, Touche Ross & Co. prepared a report entitled "Income Tax Treatment of Continuing Education" which reviewed the present law, regulations, and Department of Revenue interpretations. Revenue Canada presently does not allow deduction of continuing education expenses and outlines its position in Interpretation Bulletin IT-357. After review of Touche Ross & Co.'s report and after discussions with our accounting and taxation law consultants, it was the Committee's opinion that the Income Tax Act was broad enough to permit deductibility of continuing education expenses. Federal and Supreme Court of Canada rulings appeared to also support deductibility. Therefore a decision was made to approach the Department of Revenue - Interpretation Branch and request them to change Interpretation Bulletin IT-357 so as to permit continuing education in computing net taxable income.

With the assistance of Mr. D. Matheson and Mr. W. Fahey, a presentation was made to the Interpretation Branch of the Department of Revenue. The Branch was sympathetic to our request and indicated that a draft change to IT-357 would be considered.

Messrs. Matheson and Fahey informed us that a Taxation Advisory Committee (representatives from law and chartered accountancy) meets on a regular basis with the Department of Revenue. Mr. D. Fenwick of Touche Ross & Co. sits on this committee and after consultation with our taxation law consultant (Mr. D. Matheson) presented our issue at a recent Taxation Advisory Committee meeting with Revenue Canada. At that meeting Revenue

Canada indicated that, following our meeting with them, they approached both the Department of Justice and the Department of Finance (the department responsible for the Income Tax Act) with the recommendation that continuing education expenses receive different tax consideration. Both Justice and Finance strongly indicated that they were opposed to any change in the present Interpretation Bulletin IT-357 and based their objections on their fear of potential abuse.

Through our consultants, informal discussions produced the opinion that the Department of Finance would consider our proposal if we could show how abuse could be controlled. Their main concerns seemed to be some type of geographic limitations should be placed on where the continuing education course take place in order to be deductible and also some list of approved or accepted courses should be provided so that the quality and content of the course qualify it as a continuing education course of professional education calibre. For example, one-half hour breakfast courses at Aspen Colorado in skiing season would not qualify nor would a one day course in "plaque control methods" in Nairobi, Africa.

The Committee was sympathetic to these concerns since they also did not want continuing education expenses to be used as a means toward a tax deductible holiday. Our concerns were with the true continuing education courses in the U.S.A. and Canada and therefore we are now attempting to develop guidelines for dental continuing education courses which could be used to prevent abuse. Also, we are recommending that the C.D.A. host a half day meeting with the professions of law, accounting, medicine etc. so that guidelines for each of these professions can be developed.

Our main objective now is to have dentistry, medicine, law and chartered accountancy make a joint presentation to the Department of Justice requesting them to change the Income Tax Act so that continuing education expenses can be deducted.

2. CUSTOM AND EXCISE TAXES

Mr. Lloyd Stevenson, in concert with our public relation firm, produced and presented a brief to a special government committee examining tariffs on imported goods. Our position in this brief was that dental supplies should not have any tariffs placed on them since they are similar to many hospital supplies which are brought into Canada duty-free. Once this Tariff Board responds to our brief, we are prepared to follow up with more detailed negotiations in order to get an improvement in tariff applications for the dentists of Canada.

Early this year, through Mr. Stevenson's efforts, we were able to achieve removal of federal sales tax on articulators and on any equipment used in the production of artificial teeth, i.e. lathes, casting machines, ovens, etc. At the present time we are working on removing tariffs on dental operating lights.

3. REGISTERED RETIREMENT SAVINGS REGULATIONS

The Committee lent their support to the efforts of the Consumer's Association of Canada in this area. The Consumer's Association was successful in achieving beneficial changes to the RRSP regulations which allows an individual to have more control over the release of funds from this form of tax shelter when they retire. Efforts will also be made to permit an individual to place more money into such plans each year to take care of the inflationary factor.

4. TAXATION INFORMATION TO CDA MEMBERS

The Taxation Committee has asked Touch Ross & Co. to prepare articles on current taxation advice to the Canadian dentist. These articles will be included on a regular basis in the CDA Communique.

The Committee will continue this year in its attempt to gain deductibility of continuing education expenses. However, it will also monitor all areas of taxation and will strive to remove inequities in taxation for all Canadian dentists.

Respectfully submitted,

Robert N. Hicks, D.D.S., M.S.
Chairman

Executive Council is pleased with the work of this Committee and expresses its sincere appreciation.

RESOLVED

That this report be accepted.

ADOPTED



CANADIAN DENTAL ASSOCIATION/L'ASSOCIATION DENTAIRE CANADIENNE

OFFICE OF THE PRESIDENT/BUREAU DU PRESIDENT

DONALD L. RIFE, D.D.S. 2953 BATHURST ST., TORONTO M6B 3B2

July 11th, 1978

Mr. Robert Apsey
c/o Charles A. Kench and Associates,
P.O. Box 279,
Royal Trust Tower,
Toronto Dominion Centre,
Toronto, Ontario,
M5K 1J5.

Dear Mr. Apsey

The Canadian Dental Association's Executive Council met with you and representatives of your Company in respect of the administration of the insurance contracts relating to the dentists of Canada. The matter of the role that Charles A. Kench and Associates was to play in these affairs was discussed at length following a presentation of an update on progress of the implementation of the plans.

It is grievously obvious to the officers of this Association from the very pointed harassment we have had to endure all across Canada that the performance of Charles A. Kench and Associates relative to the plans has not been consistent with the expectations we were led to anticipate. Further, the plans have suffered severe financial loss both as a result of delayed cash flow, delayed billings and delayed institution of existing, new or revised contracts.

Canadian Dental Services Plans Incorporated has been instructed and authorized to rectify this situation in a fashion satisfactory to this Association. I elicit your co-operation therefore in putting these affairs in order.

Yours sincerely,

Donald L. Rife

Donald L. Rife, D.D.S., President,
Canadian Dental Association.

cc.C.D.S.P.I..

Executive Council, C.D.A..

Background

This committee was formed by the Executive Council of the Board of Governors for the specific purpose of making recommendations to initiate re-organization of the Journal of the Canadian Dental Association.

To assist the committee in their task the Executive Council commissioned Dr. Neil Munro, the distinguished former editor of the Ontario Dentist, to provide a consultant report on the present state of the Journal and those changes he would advise as necessary to bring about an improvement in the vitality of the Journal.

In addition to Dr. Munro's comprehensive report, the committee also received a set of suggestions for improving the Journal compiled by Dr. Paul Morin. Appendix 6 - A.

The committee met in Boardroom C of the Skyline Hotel in Toronto, on August 8, 1978 from 9 a.m. to 4 p.m.

Members present: Dr. A.E. MacLeod, Chairman (Information Services)
Dr. D.L. Rife, President C.D.A.
Dr. R.L. Moran, President-Elect C.D.A.
Dr. N. Munro, Consultant to C.D.A.

Also present: Mr. L. Stevenson, Executive Director, CDA
Mr. G. Watts, Director of Administration, CDA
Ms. A. Hammell, Director of Communications, CDA
Ms. A. Belter, Council Secretary (Information Services)

Prior to the meeting, committee members had reviewed the two submissions mentioned above.

Dr. Munro's report was used by the committee as a framework for discussion.

Throughout the day the committee questioned Dr. Munro extensively about his report. As a result of his careful explanations, a clear picture of the problems facing the Journal, and their reasonable solutions, was obtained by the Ad-Hoc Committee.

The following recommendations express the considered views of the committee on the immediate action required for upgrading the quality of our Journal.

Recommendations

Recommendation No. 1:

The profession requires a vehicle to disseminate scientific knowledge, business and news to its members. In order to implement this goal, the Ad-Hoc Committee recommends:

"that the Canadian Dental Association publish a journal". The following are supportative reasons for this recommendation.

- (a) To encourage scientific writing in Canada and to have a national journal in which to publish that knowledge.
- (b) A good journal is the most visible on-going service that an association can provide for its members.
- (c) To encourage dialogue between members of the Association.
- (d) To publish editorials and articles of current interest.
- (e) To demonstrate to other organizations, disciplines and countries who may need the Journal that a high standard of dentistry exists in Canada.

The Board agreed.

Recommendation No. 2:

The committee noted that the readership of the Journal extends well beyond Canadian dentists. The Ad-Hoc Committee recommends:

"that the Journal be published in order to reach the following readership:

- (a) Canadian dentists, self-employed and salaried.
- (b) Students who are potential members of the Association.
- (c) Dental auxiliaries.
- (d) Advertisers who judge whether they are justified in using our Journal as an advertising medium.
- (e) Responsible health organizations in Canada.
- (f) Foreign readers, libraries and associations around the world who make a judgement of Canadian dentistry, based upon the quality of the Journal of the Canadian Dental Association.

The Board agreed.

Recommendation No. 3:

The committee rated as essential, the co-ordination of editorial policy and overall management of the journal in a way which was sensitive to the needs of the association. This task could be achieved through a revised Editorial Board whose terms of reference would be to review editorial policy and overall management, once or twice per year and report to the Executive Council.

The Ad-Hoc Committee recommends:

"that the Editorial Board be revised to include:

Editor-in-Chief of the Journal
Scientific Editor
French Scientific Editor
Advertising Manager
Chairman, Council on Information Services
Executive Council liaison
Executive Director or his nominee".

The Board agreed.

Recommendation No. 4:

The committee discussed the location of the Journal and concluded that it should be managed from Ottawa as soon as possible, but that the

personnel currently involved should be retained where necessary. Considerable discussion was given to the editorial and publishing policy of the Journal.

The Ad-Hoc Committee recommends:

"that the editorial and publishing policy of the Journal be:

- (a) Excellence in journalism.
- (b) Excellence in editorial and advertising content.
- (c) The publication of worthy original scientific and clinical articles.
- (d) The encouragement of scientific and clinical writing by Canadian authors.
- (e) The publication of an editorially well-balanced Journal in French and English that will be of interest to the greatest number.
- (f) The dissemination of news and association business in concert with all other Association publications.
- (g) The Journal should be distributed to members of the Association and such others as the Board of Governors may determine from time to time.
- (h) The Journal should aim to operate on a balanced budget. From time to time, however, subsidization may be required.

The Board agreed.

Summary:

The committee recognizes that there are many aspects of our Journal which could be discussed with a view to helpful change. The recommendations outlined in this report represent the principal areas of action which we think should be addressed first. It is the committee's belief that implementation of these prime recommendations will significantly facilitate further growth of our Journal.

The committee wishes to formally record the superb contribution of Dr. Munro to the Association via his consultant report and explanations throughout the day of August 8.

Respectfully submitted,

Alexander E. MacLeod, Chairman

Ad-Hoc Committee to Study the Journal

Executive Council recommends that the Ad Hoc Committee on the Journal continue until the report has been dealt with in its entirety and that a future report be submitted to the Interim Board.

Executive Council also thanks Dr. MacLeod for his excellent report.

The Board agreed.

RESOLVED:

That this report be accepted.

ADOPTED

The Journal of the Canadian Dental Association Should become two distinct entities:

- A monthly issue which would relate the main pre-occupations of the Association report on the activities of the various Councils and Committees, report on the activities of the corporate members and relate all news and information which pertains to the everyday practice of dentistry.
- A quarterly "Scientific Edition" which would be a luxurious publication devoted only to research and scientific articles.

Monthly Issue:

The monthly issue must be worthy of its content and should be printed on less expensive paper than the present Journal without a hard or glossy cover. Colour and other gimmicks should be used to attract the dentist's attention to the various articles. A good example of such a format is the magazine "Actualité" (a copy of which I have sent you).

The Editor should use artistic and marketing sense to make proper use of colour, photos, articles and advertisement. The articles and ads should be placed strategically without one hindering the other. For example, the article should have enough meat to generate the dentist's attention before it is continued on another page where said continuation would be clearly indicated.

Content:

- News of the CDA - projects and reports of the activities of all CDA Councils and Committees as well as a graphic model of the Association which will clearly denote that many individuals are involved and active in the CDA.
- News from the corporate members which would include their particular problems and situations relating to their everyday practice of dentistry.
- News with regard to federal legislation pertaining to our profession as health and social welfare, taxes, etc. and what the CDA is doing or intends to do in this vein.
- Articles on insurance with a new subject each month, e.g. term insurance, pension plans, disability insurance, office insurance, malpractice insurance, etc. as well as policy with regard to prepaid dental plans.

Content: cont'd

- Material from our colleagues in the field of medicine concerning health problems related to the practice of dentistry.
- A column written by specialists in their respective fields in dentistry with little hints which would update or refreshen the everyday practice of dentistry.
- Holidays and pastimes for dentists.
- Legal problems in dentistry.
- Accounting and administration of a dental office.
- Auxilliary personnel.
- New dental equipment and materials.
- Mention of forthcoming articles on major topics two or three months ahead of time.
- From time to time, one or two more documented or lengthy articles on any subject which would be of interest to the dentist.
- Articles for all types of dentists in all types of practices.

The monthly contributions should be made attractive by a proper layout and be properly defined as no author, for example, appreciates an article in small print placed between two advertisements. The contributors and their material must be treated with respect and as a result of such we should eventually have enough of both to choose what is best.

The Editor should have the final say with regard to content and if an article must be changed or refused, the Editor should inform the contributor in order to avoid misunderstandings and prevent problems in the future.

Quarterly Scientific Edition:

This publication will be the pride of the CDA as it will be a classy publication for special scientific material.

It will be an incentive for the contributor to have his articles published as well as an incentive to be both read and kept by the recipient.

The articles would be purely scientific in nature and reprints would be acceptable.

Quarterly Scientific Edition: cont'd

The advertisements should be limited or one could simply state that the edition is published as a result of a grant from Company A, B and C whose ads could appear in the monthly issue.

The CDA could generate material by recommending that certain projects be undertaken by universities, researchers, government and dental companies.

The editorial staff should be different and independent from that of the monthly issue.

The CDA should consider the possibility of paying its contributors on a specified scale.

In General:

At least one monthly issue and one scientific edition should be sent to all dentists and students during membership campaigns.

The monthly issue would eliminate the need for the present Communiqué which presently appears to be obsolete when printed.

All material for both publications should be published in the language that it is submitted. The Editor will have the liberty to have certain material of particular interest translated for another issue in order that publication is not delayed.

Respectfully submitted,

Paul Morin, D.D.S.
Member
Council on Information Services

C.D.S.P.I. AND INTERIM COUNCIL ON INSURANCE AND INVESTMENT

PERIOD JANUARY 9, 1978 - JUNE 6, 1978

Members of this Board and Council are:	Dr. J. E. Durrán - President
	Dr. R. L. Moran - Secretary-Treasurer
	Dr. M. D. Charendoff
	Dr. R. Dupont
	Dr. J. C. Giguere
	Dr. R. L. Rasmussen
	Dr. M. H. Diner (Special Consultant)

Members of the Management Committee are:	Dr. J. E. Durrán
	Dr. R. L. Moran
	Dr. M. D. Charendoff

Management Committee meeting were held on:	January 9, 1978
	January 23, 1978 at 3:00 p.m.
	January 23, 1978 at 7:30 p.m.
	January 30, 1978
	February 6, 1978
	February 8, 1978
	February 16, 1978
	February 21, 1978
	March 8, 1978
	March 21, 1978
	March 28, 1978
	April 4, 1978
	April 11, 1978
	April 25, 1978
	April 26, 1978
	May 1, 1978
	May 8, 1978
	May 16, 1978
	May 23, 1978
June 1, 1978	
June 6, 1978	

Board and Council Meetings were held on:	February 10, 1978
	April 20, 1978
	April 21, 1978

REPORT OF C.D.S.P.I. AND INTERIM COUNCIL ON INSURANCE AND INVESTMENT

Since the date of our last report, the Master Contracts for all coverages have been reviewed by the Council and representatives from the participating Provincial dental organizations. As a result of the last review which took place on April 20/78, there have been some changes in the Master Contracts which reflect suggestions and comments made at that meeting. Presently, the Master Contracts are being reviewed by the lawyers who are acting on behalf of C.D.S.P.I. and the Council. Insurance certificates cannot be issued until the Master Contracts are approved and translated. Copies of the Master Contracts, when signed, will be available in all Provincial offices. Any participant may examine these contracts at his Provincial headquarters.

As a result of a request from the Q.D.S.A., negotiations are proceeding with Guardian Insurance to provide malpractice coverage for all dentists who retire or die - this coverage to continue for a period of five years from either occurrence.

Claims Review Committee - it has been agreed that such a committee would be formed and representation would be as follows:

Two appointees from the C.D.A.

Two from Imperial Life and

One appointee who has been unanimously selected and approved by the other four members.

R.R.S.P. - Statistical information on participation in the C.D.A. R.R.S.P. is attached for your information. (Appendix B)

The combined Council and Board has initiated the following action with respect to the C.D.A. R.R.S.P.

"THAT THE MANAGEMENT COMMITTEE ARE DIRECTED TO PROCEED WITH THE INVESTIGATION OF THE CDA RRSP USING THE PLAN AS OUTLINED AT THIS MEETING AS THE FORMAT. FURTHER THEY ARE AUTHORIZED TO NEGOTIATE THE FEES TO CONSULTANTS NEEDED TO ASSIST IN THIS INVESTIGATION AND THEN PROCEED WITH SAME."

The phases are to be done by the Management Committee in the following order as recommended by Board/Council:

- 1) Kench would review official text of plan and other legal documents, and establish with Department of National Revenue what restrictions and requirements apply upon a change in trustee and transfer of accounts.
(Phase 1 (a))
- 2) Negotiate with Royal Trust on improved management of guaranteed fund.
(Phase 1 (c) (ii))
- 3) Development of performance objectives for each fund.
- 4) Kench to recommend a short list of 3 - 5 firms of investment managers.
(Phase 2 (f))
- 5) C.D.S.P.I. and Kench jointly to interview the firms on the short list.
(Phase 2 (g))
- 6) C.D.S.P.I. would decide on whether or not to recommend the use of an investment counselling firm and whether or not to change the trustee(s) and if so, make a final selection for recommendation.
(Phase 2 (h))

The foregoing study is being done with the direction and assistance of Mr. Colin Carlton, Chief Actuary and Vice-President of Charles A. Kench and Associates Limited at a cost of \$3,200.00.

Phases 1 (a); 2 (d); and 2 (f) are to be completed for June 20/78.

Phase 1 (c) has been initiated. The Management Committee and Mr. Carlton met with representatives of Royal Trust on June 1/78. The topic was the Guaranteed Fund which is fully invested in 364 day guaranteed certificates. At that meeting, Royal Trust presented a verbal proposal which would appear to improve the interest rate on this fund. A final recommendation to C.D.A. must await the written presentation and our study of it. This presentation requires approval of certain actions by Revenue Canada, which should be forthcoming in the near future. We will be receiving a projected proposal in the next week which will be the final proposal, subject to Revenue Canada approval.

The Management Committee has had meetings with North American Life Assurance Co.; Montreal Trust Co.; Canada Trust Co.; and Fiscal Consultants. These meetings were for the purpose of receiving presentations on management and trustee services for the R.R.S.P. Since these meetings were of an information gathering nature, and since no opinions have been formed, we report them for your information.

The Management Committee also heard a presentation from Pensions Systems Group, Inc. The presentation was made by Dr. Paul Bishop and Dr. C. Haehling von Lanzanauer, School of Business Administration, University of Western Ontario. The date of the presentation was June 6/78 and this report to C.D.A. is being written on June 10 - however, the intent of the presentation was to make us aware of a service which could be available to our members to assist them in their pension planning. This group has developed a system which enables a person to examine his possible future pension position in a rational and scientific fashion. Further investigation is warranted.

Financial Statements: Audited Financial Statement has not been received from our Auditors - the shortened year has created some technical problems which will be resolved shortly.

Insurer's Retention Statements (Appendix C)

It will be noted that the reserves in the L.T.D. have risen to over 3 million dollars - a sum of money on which the Plans receive no interest - as a result of the old retention agreement. The Management Committee felt that these reserves needed to be justified and audited. We have employed Charles A. Kench to investigate this considerable increase.

Restructuring of C.D.S.P.I. and Insurance Council (Appendix D)

As will be apparent from the attached letter from C.D.S.P.I. lawyers - the Board of C.D.S.P.I. has produced a position for discussion by the C.D.A. In accordance with the recommendation of the C.D.A. - C.D.S.P.I. Ad Hoc Committee report - the Board envisions that the C.D.A. Council on Insurance would, by Constitutional change, transfer its functions to C.D.S.P.I. which would perform those functions by contractual agreement with C.D.A. We believe that this is a reasonable starting point for the development of a unified and investment administrative vehicle.

Student Program Mrs. Schmidt has attended a meeting with Miss Linda Teteruck, and staff at Kench for the purpose of organizing and preparing for the fall program of student presentations.

Administration The Board/Council is displeased with the performance of Charles A. Kench during the re-enrollment period. Our displeasure has been communicated in the strongest possible terms and we look forward to improvement in the administrative area. A new co-ordinator has been hired at Kench who is responsible for all facets of our program. However, due to the inefficiencies of the new administrator, we do not foresee that the new program will be functioning smoothly before the end of the year. I could give a two page explanation of the problems and delays that have occurred - suffice to say that we have been as forcible as possible to ensure that all problems are being attacked as quickly and efficiently as possible, but delays have been too numerous. At the moment, we have no meaningful statistics to present; they are just not available. They should be available before the Executive Council meets in July which will force us to give a verbal report at that time.

I would respectfully suggest to the Board that the difficulties which have been encountered with a professional administrator should be remembered when the restructuring of C.D.S.P.I. Council on Insurance is under consideration. I would remind the Board that this method of Administration has always been presented as a three year experience gaining exercise. It would be an understatement to say that the past six months have been an experience.

Respectfully submitted on behalf of the Board/Council.

J. E. Durran, D.D.S.

RESOLVED

That the CDSPI report be accepted

ADOPTED

MINUTES OF THE MEETING OF THE C.D.A. INTERIM COUNCIL ON INSURANCE AND INVESTMENT HELD IN THE AIRPORT HILTON HOTEL, FRIDAY, AUGUST 25, 1978.

Present: Dr. J. E. Durran President
Dr. M. D. Charendoff
Dr. M. H. Diner
Dr. R. Dupont
Dr. J. C. Giguere
Dr. R. L. Rasmussen
Mrs. E. Schmidt Business Manager
Mrs. E. Nicol Recording Secretary

The Council accepted the explanation re: the Dental Hygienists (Appendix A) and made the following motion:

MOTION #1

Rasmussen/Giguere

Appendix A

"THAT WE RECOMMEND TO THE C.D.A. EXECUTIVE COUNCIL THAT THE REQUEST OF THE CANADIAN DENTAL HYGIENISTS' ASSOCIATION TO INSIST ON MEMBERSHIP IN THE C.D.H.A. AS A CONDITION FOR PARTICIPATION IN THE PLANS BE DECLINED. THE C.D.H.A. IS NOT A CORPORATE MEMBER OF THE C.D.A., THEREFORE, COMPLYING WITH THEIR REQUEST WOULD CONTRAVENE THE REGULATIONS LAID DOWN BY THE DEPARTMENT OF INSURANCE."

The Board received this as information.

Unanimous.

MOTION #2

Giguere/Rasmussen

"THAT WE RECOMMEND TO THE C.D.A. EXECUTIVE COUNCIL THAT THE CEILING ON THE OFFICE OVERHEAD MONTHLY INDEMNITY BE EXTENDED FROM \$4,000. TO \$5,000. SUBJECT TO NORMAL UNDERWRITING PRACTICES. THE INCREASE TO BECOME EFFECTIVE AS OF JANUARY 1, 1979."

The Board agreed.

Unanimous.

Mrs. Schmidt informed the meeting that Guardian has approved the request for Malpractice Insurance that will continue for five years after the death or retirement of a dentist. An endorsement is being issued for this coverage. Mrs. Schmidt to advise Dr. Dupont the amount of the surcharge.

MOTION #3

Dupont/Giguere

"THAT WE RECOMMEND THAT THE C.D.A. EXECUTIVE COUNCIL BE AUTHORIZED TO MAKE A RECOMMENDATION TO THE C.D.A. BOARD OF GOVERNORS THAT A CHANGE IN THE FUND MANAGER OF THE EQUITY FUND AND THE BALANCED FUND BE MADE, IF AND WHEN IT IS DEEMED NECESSARY."

The Board agreed.

Unanimous.

Re: Dental Hygienists

We do not feel that we can remove the right of an employee to participate in the plans, which would be the case if the C.D.A.H.A. are going to insist on membership in the C.D.A.H.A. as a condition for participation. The Department of Insurance allows employees to be covered under the Program but disallows "selling" insurance to anyone outside of the Association.

The C.D.A.H.A. is not a corporate member of the C.D.A., therefore, complying with their request would contravene the regulations laid down by the Department of Insurance.

STATISTICSCDARRSP1 MARCH 77 -- FEBRUARY 78

- 1) 233 new accounts were opened as compared with 165 the previous year. Also, 30 Guaranteed Investment Receipts were purchased as compared with 23 the previous year. The attached "Flow of accounts" indicates that there are at present 1,872 accounts in the Plan.
- 2) 1977 contributions amounted to \$3,696,876. as compared with \$3,262,104. the previous year. In addition, \$346,434. were contributed to Guaranteed Investment Receipts.
- 3) The total value of transfers from other registered plans to the CDA plan was 253,091. as compared with 247,314. in 1976. \$38,759. were transferred to Guaranteed Investment Receipts from other registered plans.
- 4) Deregistrations in 1977 amounted to \$2,293,300. as compared with \$2,241,943. in 1976.
- 5) The 1977 contributions were spread as follows:

<u>Fund</u>	<u>Amount</u>	<u>Percentage</u>
Common Stock	\$ 445,106.45	12.0%
Fixed Income	2,417,284.45	65.4%
Guaranteed	529,114.58	14.3%
Balanced	305,370.38	8.3%
	<u>\$ 3,696,875.86</u>	<u>100.0%</u>

Composition of deregistrations

	<u>1977</u>	<u>1976</u>	Percentage Change
Purchase of annuities	471,166.	283,556.	+66.2%
Transfer to other RRSP's	1,538,874.	1,569,188.	- 1.9%
Death benefits	38,351.	149,464.	-74.4%
Withdrawals	<u>244,909.</u>	<u>239,735.</u>	+ 2.2%
	2,293,300	2,241,943.	+ 2.3%

Flow of accounts

In force March 1, 1977	1,790
New accounts opened	233

Deregistrations:

Annuity purchases	12	
Death benefits	3	
Withdrawals	39	
Transfers to other RRSP's *	<u>97</u>	<u>151</u>

Accounts in force March 1, 1978 1,872

C. I. R. accounts 53
1,925

* 13 of these were transferred to the CDA G.I.R. account.

NOTES ON STATEMENT OF RETENTION

NATIONAL/PROVINCIAL DENTAL LIFE PLAN

FOR PERIOD 1 DECEMBER 76 TO 31 DECEMBER 77

- (1) Premiums received reflect 13 months premium on the experience-rated portion. (for 12 months: \$683,107.80, premiums for the month of December, 1977: \$62,350.60)
- (2) Retention 15% of premium credited to Imperial Life for underwriting, administration, premium taxes, etc.
- (3) Catastrophic Risk Charge: 1% of premium, guarantees that in the event of deaths of two or more insureds in a common accident the total cost to the plan will not exceed \$100,000.00.
- (4) Total claims paid during the accounting period for coverage up to \$61,000.00.
- (5) Administration fee to C.D.S.P.I. There is no collector of premium fee for the month of December, 1977 since December was a premium free month for the participants. The premium was charged against the Plan.
- (6) Included in the charge against the Plan is premium on the pooled portion. (i.e. the portion which is not on retention)
- (7) Interest earned is described in detail on the following page of the statement. Interest on the cash flow, amounting to \$23,809.03, appears satisfactory.

The actuarial liabilities show a new item: Disability Claims (supported by details on the following page of the statement). When questioning Imperial's actuary, he responded that this item should have been included in the past.

CAMPBELL, GODFREY & LEWTAS

BARRISTERS & SOLICITORS

P.O. BOX 36

TORONTO-DOMINION CENTRE

TORONTO, CANADA

M5K 1C5

TELEPHONE 416-362-2401

CABLE ADDRESS "ARNOLDI" TORONTO

TELEX 065-24553

TELECOPIER

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E. N. THOMPSON, O.C.
DR. HIO J. SIELEMAN
EDWARD A. TORY
P. WAYNE HICKACKEN
ROBERT E. SMOLKIN
JOHN W. SABINE
STEPHEN A. BAKER
KENNETH C. MORLOCK
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LESLIE ROSE
SAMUEL R. NICKLETT
THOMAS B. BAKER
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D. GEORGE KELLY
LEANE H. F. McALLUM

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JAMES J. WARSHAWSKI
LEAH PRICE
GAVIN MACLENNIE
A. BETH HADJIC

COUNSEL, HON JOHN M. GODFREY, O.C.

June 9, 1978

QUOTE File No.

Mrs. Edith Schmidt,
Business Manager,
Canadian Dental Services
Plans, Inc.,
234 St. George Street,
Toronto, Ontario.
M5R 2T2

Dear Mrs. Schmidt:

We have reviewed the proposal set out in your letter of May 18, 1978. The proposal generally appears to be feasible but would involve the amendment of the by-laws of CDSPI in a number of ways.

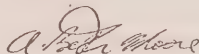
The provisions dealing with membership would be amended to provide that there would be seven active members who would be nominated by the provincial associations and the CDA on the basis set out in your letter. Those chosen to be members would then also serve as directors. As we mentioned in our previous letter it is possible under the Canada Corporations Act to make the various associations themselves the active members and to then allow them to appoint directors on the regional basis outlined in your letter. Each provincial association (or group of associations in the cases of the Maritimes and the Prairie Provinces) would be entitled under the by-laws to elect or appoint one director and the CDA would be entitled to appoint two directors. Each director could then only be removed by the constituency which chose him and if he had to resign for one reason or another the association or associations which chose him would be entitled to fill the vacancy. We prefer this arrangement in that it provides for a more stable membership. The by-laws could then provide that all dentists who are members of the provincial associations or participants in

the insurance plans are entitled to be non-active members and to receive news and mailings from CDSPI but that such non-active members are not entitled to receive notice of or vote at meetings.

The by-laws could then provide for the directors to appoint three officers who would form the management committee. These three officers could either be chosen from the non-active members of CDSPI or one or more of them could be chosen from the members of the board of directors. If it is considered desirable to have no more than one person who is a member of both the board and the management committee this should be stipulated in the by-laws. A requirement to the effect that if two or more directors are appointed to the management committee all but one of them must resign from the board could lead to difficulties in determining which of the directors should resign. This problem would be avoided by providing that only one director could be appointed to the management committee. The management committee would be responsible to the board which would have the ultimate responsibility for the operations and management of the corporation. Although the directors would be chosen by their regional constituencies they would be under a duty to act in the best interests of the corporation and this duty would override any obligation which they might consider themselves under to represent their regional constituencies.

Please let us have your comments after you have considered these suggestions. Once the procedures for determining membership and electing the board have been settled we can prepare new by-laws in draft form to reflect the required changes.

Yours truly,



A.B. Moore

ABM:lj



Canadian Dental Service Plans Inc.

August 30, 1978.

Mr. L. A. Stevenson, Executive Director,
Canadian Dental Association,
1815 Alta Vista Drive,
Ottawa, Ontario.
K1G 3Y6

Dear Mr. Stevenson:

Please find enclosed copies of the audited financial statements for the period ending March 31, 1978.

You will note that the fiscal year for C.D.S.P.I. was changed to end on March 31st rather than on July 31st. This will ensure approval and distribution of the financial data at an earlier date than was possible in the past. Due to the heavy workload imposed on C.D.S.P.I. staff in December, January and February, it was decided that it was unwise to change the fiscal year end to December 31st.

At the same time the accounting system was altered from the "cash basis" to the "accrual basis". This was done in order to correct an anomaly in the surplus account and to present more correctly the true financial status of C.D.S.P.I.

Some past history must be mentioned for this to be understood. The fiscal year of C.D.S.P.I. corresponded with the calendar year in the early history of C.D.S.P.I. Approximately 7 - 8 years ago the fiscal year end was changed to July 31st.

Mr. L. Stevenson

August 30, 1978.

In the year of change all collector of premium fees were taken in and recorded in early spring and very little income applied to the period August 1st to December 31st, whereas expenses continued to be incurred. Since the accounting was done on a cash basis, the income in the short year of change (1 January to 31 July) was grossly overstated and inflated the surplus account.

The deficit shown in the year ending March 31, 1978 is simply a correction of the overstated surplus account, brought about by changing the accounting system from cash to accrual. The budget for the next fiscal year (12 months ending March 31, 1979) is nearly balanced, indicating only a slight surplus.

The above explanation should probably accompany the financial statements when presented to the C.D.A. Board of Governors and when subsequently distributed to the provinces.

Sincerely,



ES/en
encl.

(Mrs.) Edith Schmidt,
Business Manager.

CANADIAN DENTAL SERVICE PLANS INC.

ANNUAL FINANCIAL STATEMENTS

MARCH 31, 1978

MILLARD, DesLAURIERS & SHOEMAKER
CHARTERED ACCOUNTANTS

MILLARD, DESLAURIERS & SHOEMAKER

CHARTERED ACCOUNTANTS

TELEPHONE: 598 3767

425 UNIVERSITY AVE., TORONTO, CANADA M5G 1T6

AUDITORS' REPORT

To The Directors of
Canadian Dental Service Plans Inc.

We have examined the balance sheet of Canadian Dental Service Plans Inc. as at March 31, 1978 and the statements of income and unappropriated surplus for the eight month fiscal period then ended. Our examination was made in accordance with generally accepted auditing standards and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, these financial statements present fairly the financial position of the company as at March 31, 1978 and the results of its operations for the eight month fiscal period then ended in accordance with generally accepted accounting principles applied, except for the change in accounting principles as indicated in Note 1(a), on a basis consistent with that of the preceding year.

TORONTO, CANADA

May 12, 1978

Millard, DesLauriers & Shoemaker

Chartered Accountants

CANADIAN DENTAL SERVICE PLANS INC.

Incorporated without share capital under the laws of Canada

BALANCE SHEETAS AT MARCH 31, 1978 (Note 2)

(with comparative figures as at July 31, 1977)(Note 1a)

ASSETS

	<u>1978</u>	<u>1977</u>
Current		
Cash on hand and in bank	\$2,042,407	\$ 933,269
Accounts receivable	<u>79,901</u>	<u>41,283</u>
	<u>\$2,122,308</u>	<u>\$ 974,552</u>

LIABILITIES

Current		
Accounts and trust funds payable	<u>\$1,699,020</u>	<u>\$ 453,451</u>

SURPLUS

Reserve funds - opening and closing	\$ 200,000	\$ 200,000
Unappropriated surplus - per accompanying statement	<u>223,288</u>	<u>321,101</u>
	<u>\$ 423,288</u>	<u>\$ 521,101</u>
	<u>\$2,122,308</u>	<u>\$ 974,552</u>

Approved on behalf of the board:

_____ Director
 _____ Director

The accompanying notes form an integral
 part of these financial statements.

CANADIAN DENTAL SERVICE PLANS INC.

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 1978

1. Significant Accounting Policies

(a) Change in accounting for income recognition

In prior years, fees for collection of premiums were taken into income when the premiums were remitted to the carrier. Commencing with this fiscal period, the annualized fees are taken into income on a straight line basis over the term of the policies for which premiums are remitted.

The comparative figures for collection of premium fees included in the statement of income have not been changed to give retro-active effect to the change in accounting principles.

(b) Fixed asset purchases

Purchases of fixed assets, consisting of office furniture, equipment and furnishings are fully expensed in the year of acquisition in conformity with the corporation's established policy and generally accepted accounting principles for such organizations.

(c) Non-operating interest income

Interest earned by the corporation on funds held by it in various bank accounts during the period is apportioned to surplus on a percentage of the opening surplus balances. (1978 - 9%; 1979 - 9%). The balance of interest income is reflected in current operations.

2. Change in Year End

Effective 1978, the corporation has changed its year end from July 31 to March 31.

3. Lease commitments

The corporation is party to a lease of office premises for a term of three years commencing September 1, 1976, at an aggregate annual cost of \$16,000.

CANADIAN DENTAL SERVICE PLANS INC.STATEMENTS OF INCOME AND UNAPPROPRIATED SURPLUS

FOR THE EIGHT MONTH FISCAL PERIOD ENDED MARCH 31, 1978 (Note 2)

(with comparative figures for the year ended July 31, 1977) (Note 1a)

	<u>INCOME</u>	
	<u>1978</u>	<u>1977</u>
Income (Notes 1a and c)		
Collector of premium fees	\$ 94,475	\$ 271,082
Interest earned	15,614	69,544
	<u>\$ 110,089</u>	<u>\$ 340,626</u>
Expenses		
Professional and consulting fees	\$ 18,561	\$ 16,215
Promotional expenses	5,493	7,300
Retendering expenses	11,849	41,591
Office furniture, equipment and furnishings (Note 1b)	433	3,927
Equipment maintenance and rental	1,486	1,312
Board expenses	10,780	12,820
Board honoraria	53,374	34,280
Rent	10,667	14,491
Bank charges	745	990
Salary and salary charges	92,674	129,036
Postage	5,326	5,191
Office expense and general	15,291	26,779
Telephone	12,489	9,060
Grant	-	2,000
Moving	-	2,949
Pension - upgrading	-	9,735
	<u>\$ 239,168</u>	<u>\$ 317,676</u>
Operating (loss) income	<u>\$(129,079)</u>	<u>\$ 22,950</u>
Non-operating interest income (Note 1c)	31,266	41,132
Net (loss) income for the period	<u>\$ (97,813)</u>	<u>\$ 64,082</u>
<u>UNAPPROPRIATED SURPLUS</u>		
Balance - opening	\$ 321,101	\$ 257,019
Net (loss) income for the period	(97,813)	64,082
Balance - closing	<u>\$ 223,288</u>	<u>\$ 321,101</u>

The accompanying notes form an integral part of these financial statements.

CANADIAN FUND FOR DENTAL EDUCATION

REPORT TO THE CANADIAN DENTAL ASSOCIATION BOARD OF GOVERNORS

SEPTEMBER 1978

INTERIM REPORT

1. You will no doubt recall that I forwarded a written report on Fund activities early in January of this year and also that Dr. James A. Guest, in my absence, personally presented much additional information to your meeting on Monday, March 13, 1978.

1978 ANNUAL MEETING

2. The Fund's sixteenth annual meeting was held April 24-25, 1978, with all trustees in attendance except Dr. Harold Hillenbrand. Unfortunately Harold suffered a heart attack shortly before our meeting. However, I am pleased to report that he is recovering nicely.

GRANTS APPROVED FOR 1978

3. Once again the Chairman of the Advisory Committee on Fellowship Selection, Dr. Ralph C. Burgess, personally reported to the annual meeting of the trustees.
4. After a brief review of granting policies, the Committee spend most of its one day meeting considering twenty-five applications for CFDE support.,
5. Additionally, the Committee considered alternative granting policies and related matters.
6. Its recommendations to the Board of Trustees included three full fellowships and four half fellowships for dentists re-applying for help in completing their teacher training studies, plus two full fellowships and five half fellowships to dentists applying for assistance for the first time.
7. Total cost of these awards as recommended equalled \$66,000.
8. Due to financial constraints the Board of Trustees regretfully decided to reduce the value of all awards by 1/6th and also to reduce three full fellowships to half fellowships.
9. These changes were in the order recommended by the Advisory Committee and lowered the total cost to \$47,500.

CANADIAN FUND FOR DENTAL EDUCATION

REPORT TO THE CANADIAN DENTAL ASSOCIATION BOARD OF GOVERNORS

SEPTEMBER 1978

GRANTS APPROVED FOR 1978 cont'd

10. Also approved were awards to five dental hygienists enrolled in teacher training programs and one special award to an existent dental teacher.
11. Total cost of CFDE's 1978 fellowships worked out to \$55,000.
12. On the basis of a submitted budget, a grant of \$6,500. was approved to fund this year's Students' Conference.
13. An estimated amount of \$5,200. was included in the forecast to finance the 1978 Student Table Clinic Program.
14. Each dental school will receive on application an unrestricted grant of \$1,000.
15. \$1,500. was approved to held finance ODA's Preventive Dentistry Seminar.
16. Two scholarships for undergraduate dental students, each worth \$250., were approved for each dental school. This is a new program sponsored by Cooper Laboratories Limited and the first awards will be made in the Spring of 1979.
17. Estimated expenses of \$38,500. were budgeted for the continuation of the research project at the University of Toronto. This project is sponsored by the Hospital for Sick Children Foundation.
18. It is expected that income from the Lorne E. MacLachlan Endowment Fund (now \$100,000.) will rise to \$6,700. As directed by Dr. MacLachlan, this amount will be divided equally between the University of Toronto, McGill University, Dalhousie University and the University of Western Ontario.
19. A grant of \$2,000. re the Ontario Dental Hygienists' Association Convention was approved (sponsored by Warner-Lambert Canada Limited).
20. As previously reported, \$10,000. was awarded to fund the 10th Biennial Conference on Dental Research and Education to be held at the University of Western Ontario in June 1978.
21. A grant of \$4,000. was approved to finance this year's CDA/ACFD Teaching Conference on Hospital Dentistry.

CANADIAN FUND FOR DENTAL EDUCATION

REPORT TO THE CANACIAN DENTAL ASSOCIATION BOARD OF GOVERNORS

SEPTEMBER 1978

GRANTS APPROVED FOR 1978 cont'd

22. \$3,000. was budgeted for a CFDE sponsored Consultant's Meeting (see paragraphs 26 - 32).

INVESTMENTS

23. In my interim report and again in the Chairman's comments in our published annual report, I congratulated CDA's Board of Governors on having retired CFDE's second mortgage long before most of us thought this would be possible.
24. After considering a number of different types of investments, our trustees decided that the capital funds should now be invested in a combination of Government of Canada bonds maturing June 1, 1980 (yielding 8.54%) and Royal Trust Company five-year investment certificates bearing interest at 9.625%.
25. It was felt that this selection offered top security, flexibility and an assured annual income that will be of major assistance in our efforts to keep dentistry moving up.

CONSULTANTS MEETING

26. You will no doubt recall that from 1974 to 1977 the W.K. Kellogg Foundation made contributions totalling \$42,900. to CFDE on the understanding that the funds would be used to help finance CDA's accreditation program.
27. Over a year ago the Executive Director and I arranged a meeting with Dr. Ben Barker, Program Director of the Kellogg Foundation, to discuss the possibility of additional support.
28. Dr. Barker assured us that the Foundation would give careful consideration to a CFDE application for funding, assuming it was for a worthwhile program and that it fell within the Foundation's field of interest.
29. Since considerable time had elapsed and no suitable requests had been received, the CFDE trustees decided to sponsor a meeting of consultants in an attempt to identify critical dental health problems.

CANADIAN FUND FOR DENTAL EDUCATION

REPORT TO THE CANADIAN DENTAL ASSOCIATION BOARD OF GOVERNORS

SEPTEMBER 1978

CONSULTANTS MEETING cont'd

30. The meeting held April 17-18, 1978, was attended by ten knowledgeable health professionals from various parts of Canada, including Dr. Don Rife, CDA President. Also present was Dr. Ben Barker of the Kellogg Foundation.
31. A full report on the meeting was promptly forwarded to all participants, the dean of each dental school, CDA and other interested parties.
32. We hope that as a result CFDE will receive applications for funding of projects that will benefit Canadian dentistry and also be of interest to the W.K. Kellogg Foundation or other similiar organizations.

FUND RAISING

33. As shown in our annual report, 1977 was a year of record achievements. Let me assure you that we do not intent to rest on our oars.
34. On the contrary, we intent to actively seek increased support from dentists, dental organizations, dental auxiliaries, foundations and business organizations to ensure that our profession will continue to deliver the best dental health care available anywhere.

CDA-CFDE MEETING

35. A joint Management Committee meeting was held on January 18, 1978, and matters of interest to both organizations were frankly discussed.
36. I think meetings of this kind promote an effective working relationship and I am, therefore, pleased that the following resolution was unanimously passed at our 1978 Board meeting: "That an ongoing informal meeting take place annually between representatives of CDA and CFDE".

RESIGNATIONS AND APPOINTMENTS

37. At our 1978 annual meeting I tendered my resignation as Chairman because I had filled this office for three years and felt it was time for a change. I also said that I hoped to complete my term as trustee which expires in 1979.

CANADIAN FUND FOR DENTAL EDUCATION

REPORT OF THE CANADIAN DENTAL ASSOCIATION BOARD OF GOVERNORS

SEPTEMBER 1978

RESIGNATIONS AND APPOINTMENTS con'd

38. I am pleased to report that Dr. James A. Guest of London, Ontario who has been a Board member since 1974, was unanimously nominated to succeed me as Chairman.

Executive Council congratulates Dr. Guest.

39. Dr. Henri Brouillet completed his final term of office and his fellow trustees recorded their deep appreciation for the valuable contribution he has made to the Fund's success over a period of years. Dr. Robert Dupont of Montreal has kindly agreed to let his name stand in nomination as a replacement for Dr. Brouillet.

Executive Council recommends to the Board the appointment of Dr. Dupont. The Board agreed.

40. Messrs. Stanley O. Tebbutt and Alex S. Currie completed their first term of office and both were nominated for reappointment.

Executive Council recommends to the Board the reappointment of Messrs. Tebbutt and Currie. The Board agreed.

41. I have no hesitation in recommending that all of the above gentlemen be appointed.
The Board agreed.
42. Dr. Ralph C. Burgess, who has served with distinction as a member of CFDE's Advisory Committee on Fellowship Selection and latterly as its Chairman, tendered his resignation. It was regretfully accepted and Dr. A. Murray Hunt, a member of the Advisory Committee for the last two years, was appointed to succeed Dr. Burgess as Chairman.
43. The trustees are keenly aware of the many hours Dr. Burgess so willingly devoted to a difficult and demanding assignment and wish to publicly record their thanks for a job exceptionally well done.

CDA GRANT TO CFDE

44. CDA's tangible support of our programs is most helpful in attracting gifts from other sources and I want to express appreciation for the Association's donation of \$500. in 1977.
45. We certainly hope this assistance will be continued in 1978, and if possible, at an increased level.

CANADIAN FUND FOR DENTAL EDUCATION

REPORT TO THE CANADIAN DENTAL ASSOCIATION BOARD OF GOVERNORS

SEPTEMBER 1978

APPRECIATION

46. This is my final report and the time to say thanks for the privilege of serving as Chairman of CFDE's Board of Trustees. It has been a richly rewarding experience and I am indeed proud to have served with an organization that has done so much for our profession.

Respectfully submitted,

John W. Neilson, D.D.S.
Chairman
C.F.D.E. Board of Trustees

June 14, 1978

Executive Council would like CFDE to include their budget with future reports.

Executive Council express their thanks to Dr. Neilson for his service.

The Board presented Dr. Neilson with a Certificate of Merit.

Dr. Feasby also expressed his appreciation for CFDE's contribution to the advancement of educational standards in Canada.

RESOLVED

That this report be adopted.

ADOPTED

Members: W. Heaslip, Chairman, Toronto
M.P.Tenenbaum, Montréal
P.S. Christie, Halifax
G.E. Decker, Edmonton
M.J. Crompton, Executive Liaison, Moncton

R E P O R T

1. Resolved:

That the terms of reference of the Council on Legislation be deleted (Article XIV) Section IV - subsection h) , and the following terms of reference be substituted:

- i) To study and make available to the Association, existing or proposed legislation relating to dentistry, directly or indirectly.*
- ii) To advise the Executive Council of any existing or proposed federal/provincial legislation which directly or indirectly adversely affects the interest of the public or the dental profession related to the delivery of dental services.*
- iii) To advise the Executive Council of recommended changes to existing federal/provincial legislation which could benefit the interests of the public or the dental profession related to the delivery of dental services.*
- iv) To advise the Executive Council and to include in an annual report, a summary of newly adopted and also proposed federal and provincial legislation for the current year which may particularly affect the dental profession.*
- v) To propose to the Executive Council legislation which would be beneficial to the profession.*

The terms of reference for the Council on Legislation were approved at the March meeting of the Board of Governors.

Respectfully submitted,

W. Heaslip,
Chairman
Constitutions & By-Laws

Executive Council recommends approval of the constitutional change to the Board of Governors.

The Board agreed.

RESOLVED: *That this report be accepted*

ADOPTED

COUNCIL ON EDUCATION

MEMBERS: W.H. Feasby, London; E.R. Ambrose, Montreal;
R. Coulombe, Lachine; G.H. Peacock, Saskatoon;
G.A. Freeze, North Vancouver; D.J. Yeo, Vancouver;
G. W. Myers, Edmonton; E.J. Rajczak, Hamilton;
J.D. McLean, Halifax.

R E P O R T

1. The Council on Education met in Ottawa on June 12, 13 and 14th 1978. All members were present with the exception of Dr. C. Myers. Also in attendance were Dr. K.M. Baird, Interim Survey Co-ordinator, Mrs. M. Paquin, representing the Canadian Dental Nurses and Assistants' Association, Mrs. P. Larder representing the Canadian Dental Hygienists' Association, Dr. G. Kravis, representing the National Dental Examining Board, Mr. M. McDonald representing C.F.D.E., Dr. W.J. Dunn, representing A.C.F.D., Dr. T.J. Ginley, representing the Council on Dental Education of the American Dental Association, Mr. J. Girard, Dental Student Representative, Dr. W. Teteruck, Chairman, Dental Aptitude Test Committee, Dr. C. Dexter, Executive Council Liaison and the CDA staff.
2. In addition, the following were present for part of the meeting:-

Dean Jean Paul Lussier, Assistant Dean Paul Jean, Dean L Bennett,
Dean K. Bentley and Colonel J.N. Wright, Canadian Forces Dental Services School.

COMMITTEE ON SURVEY POLICY:

3. Because of the very great significance of Council's activities in respect of accreditation, lengthy and detailed consideration was given to the report of the Committee on Survey Policy. The following is a synopsis of the report and Council's actions, where appropriate:-

Meetings and Membership

4. (a) Membership

J.D. McLean	-	Appointed by Council on Education
D. Gratton	-	Appointed by Council on Education
R. Coulombe	-	Appointed by Council on Education
D. Yeo	-	Appointed by Council on Education
G.H. Peacock	-	Appointed by Registrars
K. Bentley	-	Appointed by A.C.F.D.
S. Claman	-	Appointed by R.C.D.C.
D. Proctor	-	Appointed by N.D.E.B.
E. Wesley	-	Appointed by C.D.N.A.A.
K. MacDonald	-	Appointed by C.D.H.A.
W.H. Feasby, Chairman, Council on Education	-	ex officio
C. Dexter, Executive Liaison Officer	-	ex officio

(b) Meetings

The Committee on Survey Policy had one regular meeting, 3, 4, 5, May 1978 and one special meeting for a reconsideration hearing on the 12th June 1978

Reports of the 1977-78 Surveys

5. The following categories of approval were awarded to programs:

- | | | | |
|-----|--------------------------------|---|---|
| (1) | University of Western Ontario | : | Graduate Program in Pathology (Oral Pathology) - Approval |
| (2) | Laval University | : | Undergraduate Dental - Approval |
| (3) | John Abbott College | : | Dental Hygiene - Approval |
| (4) | Malaspina College | : | Dental Assisting - Approval |
| (5) | Keewatin Community College | : | Dental Assisting - Approval |
| (6) | University of Manitoba | : | Graduate Program in Periodontics - Accreditation Eligible |
| (7) | University of British Columbia | : | Postgraduate Program in Periodontics Accreditation Eligible |
| (8) | Dalhousie University | : | Postgraduate Program in Periodontics Accreditation Eligible |

Methodology

6. Council has approved and recommends Board approval of:

- | | | |
|-----|---|--------------|
| (a) | Minimum requirements for approval of a graduate/postgraduate program in Dental Public Health | APPENDIX 1 |
| | <i>The Board agreed.</i> | |
| (b) | Amendments in the Handbook on Evaluation Procedures - Accreditation and Appeal Procedures - to conform to the elimination of the category of "non-approval". (1977T79) | APPENDIX 11 |
| | <i>The Board agreed.</i> | |
| (c) | Minimum requirements for approval of a program in Dental Laboratory Technology | APPENDIX 111 |
| | <i>The Board agreed.</i> | |
| (d) | Amendment of the Handbook on Evaluation Procedures to include: | |
| | "All programs with less than full approval are required to submit annual progress reports." | |
| | <i>The Board agreed.</i> | |
| (e) | Inclusion in the announcement letter to institutions on the awarding of some level of approval status: | |
| | "Council requires institutions to report in time for the annual meeting of the Committee on Survey Policy any major changes in the areas of administration, faculty, financial support, facilities and curriculum and that this requirement be added to transmittal letters." | |
| | <i>The Board agreed.</i> | |

(f) Re Accreditation Eligible status:

"For the purpose of credential evaluation ACCREDITATION ELIGIBLE status is not to be considered as any level of approval."

The Board agreed.

- (g) That CDA Transaction 1977T260 para. 11 be corrected so that "accredited" is replaced with "Approved" and "non-accredited" is replaced with "unapproved"

The Board agreed.

Council on Hospital Services - Council on Education Liaison

7. Because the Council on Education Guidelines require portions of certain programs to be mounted in C.D.A. approved hospitals, difficulties have arisen in the past and these problems are likely to increase in the future. Council has approved and recommends Board approval of:

- (a) Establishment of a Joint Committee of the Council on Education and the Council on Hospital Services.

Executive Council agrees with the addition of "ad hoc" before Joint Committee.

The Board agreed.

- (b) The Joint Committee is to consider matters of common interest to the two Councils.

The Board agreed.

- (c) The appointment by the Chairman of two Council representatives to the Joint Committee.

Executive Council disagrees and recommends that the Committee be composed of three members: Dr. J. Maclean as the Chairman, and the chairmen of the Councils on Education and Hospital Services.

The terms of reference for this ad hoc joint committee were defined by Executive as follows:

1. *To investigate programs that are mounted in CDA approved hospitals with duplication of accreditation programs.*
2. *The executive liaison from both councils will attend all sessions.*

The Board agreed.

It is further requested that the Board name the Chairman of the Joint Committee.

1978-79 Surveys

8. The Survey Policy Committee has received requests for surveys of
4 Dental Undergraduate Programs, 6 Dental Specialty Programs,
8 Dental Hygiene Programs and 16 Dental Assisting Programs for the
survey year 1978-79.

9. Council considered the current Association policy which prohibits surveys of Proprietary Schools. It was agreed that programs should be evaluated solely on their ability to meet approved requirements. Council approved and requests Board approval of:

"That the C.D.A. rescind its policy prohibiting the accreditation of proprietary programs where licensure of graduates is not involved."

Executive Council agrees.

The Board did not agree and resolved the following:

RESOLVED

That this motion be referred to the Executive Council for action upon obtaining the required legal opinion and that if this legal opinion is positive then the Executive Council will accept and implement the above motion.

ADOPTED

COUNCIL NOMINATIONS

10. Council nominates for Board approval the following external representatives:

- (a) To the Association of Canadian Faculties of Dentistry - Chairman of Council on Education.

The Board agreed.

- (b) To the National Dental Examining Board (statutory requirement) -

- i) 1978 - Chairman of Council on Education
- E. R. Ambrose

The Board agreed.

- ii) 1979 - Chairman of Council on Education
- G.R. Myers

The Board agreed.

It is further recommended that appointment of a representative to the Association of Canadian Medical Colleges not be renewed.

The Board agreed.

At this point in the report, Dr. G. Maranda, President of the Canadian Society of Oral Surgeons stated that he had not received a reply to his request to have a representative on the CDA survey team. The Board resolved the following:

RESOLVED

That this matter be referred to the Council on Education.

ADOPTED

TEACHING CONFERENCE

11. Council proposed the topic for the 1979 Teaching Conference as "Clinic Administration in Dental Schools" with Dr. G. Lachance, Laval, as Chairman.

AD HOC COMMITTEE ON CONTINUING EDUCATION

12. Membership

B.P. Martinello, Edmonton, Alberta; E.J. Rajczak, Hamilton, Ontario;
M. Williamson, Vancouver, B.C.; G. Albert, Montreal, Quebec;
W.H. Feasby, Acting Chairman, London, Ontario.

13. The ad hoc Committee on Continuing Education recommended and Council agrees, for Board approval that

(a) A national meeting be convened as outlined.

(b) The topic of the national meeting to be: "The Role of the Canadian Dental Association in Continuing Education" and to include:

i) Requirements for continuing education courses offered as credit towards maintenance of licensure.

ii) The acquisition, translation and distribution of a Self-Assessment Manual.

iii) The status of the Committee on Continuing Education - should it be a Standing Committee of the Council on Education or a separate Council of the Canadian Dental Association.

iv) The composition and terms of reference of the Committee or Council on Continuing Education.

(c) The delegate to the conference should be appointed by the sponsoring body which should include all of the licensing bodies and where appropriate, the Provincial Associations. The present ad hoc Committee on Continuing Education should also be present along with the appropriate executive Liaison officer. The Chairman of the meeting should be appointed by the Council on Education and the proceedings should be reported to the Association through the Council on Education.

The Executive Council agrees and recommends that a national one-day meeting on Continuing Education be convened as follows:

1. Topic: *The Role of the Canadian Dental Association in Continuing Education.*
2. Meeting Date: *To be chosen by Council.*
3. Meeting Place: *CDA Headquarters - CDA will provide lunch and refreshments.*
4. Funding: *Costs of attending will be borne by the agencies sponsoring attendees.*
5. Conference Delegates:
 - *one delegate from each Corporate Member of CDA or from a region as agreed to by a group of Corporate Members;*
 - *one delegate from each Licensing Board or from a regional group of Licensing Boards agreed to by the Licensing Boards;*
 - *One representative from the Academy of General Dentistry;*
 - *the Executive Liaison person to the Council on Education;*
 - *one representative from the CDA Taxation Committee.*
6. Chairman: *Chairman of the conference will be the CDA Executive Liaison person.*
7. Reporting: *A report of the proceedings of the conference and recommendations will be forwarded to the Board via the Council on Education.*

An amendment to the above terms of reference was proposed:

RESOLVED

*That one representative from ACFD
one representative from RCDC
and one representative from NDEB
be added to the conference delegates.*

DEFEATED

The Board agreed to the terms of reference as recommended by Executive Council.

FEDERAL ACCREDITATION OF HEALTH SCIENCES EDUCATION PROGRAMS

14. Council views most unfavourably the report of the Working Group published by the federal department of National Health & Welfare, October 1977 and expresses its concern to the Executive Council and Board of Governors through a prepared statement.

APPENDIX IV

Executive Council agrees and requests that the President be asked to use this statement as a basis in his reply to the Minister of National Health and Welfare.

The Board agreed.

DENTAL APTITUDE TEST COMMITTEE

15. Membership

W.R. Teteruck (Chairman); E.R. Ambrose; M. Boyd;
G.W. Thompson; J. Graham (Consultant, A.D.A.)

16. Council requests that:

The financial status of the Dental Aptitude Test Programme be an identifiable aspect of the CDA fiscal year-end statement; this would include the yearly statement of revenue and expenses as well as the reserve and interest on the reserve.

The Board agreed.

17. The budget of the Dental Aptitude Test Committee as approved by Council is forwarded for Board approval.

APPENDIX V

Executive Council disagrees and recommends that the element of interest and the item referring to surplus fund be removed and that item 21 of the June 12-14 minutes of the Council on Education be referred to the Ad hoc committee on Per Diems for comment as it appears to be contrary to CDA compensation policy.

The Ad Hoc Committee on Per Diems' comment, as requested by Executive Council, was given to the Board and the following resolution was adopted:

RESOLVED

That the fee for service as recommended by the D.A.T. program for test administrators, assistant administrators, proctors and chalk graders be accepted.

ADOPTED

18. Council approved and forwards for Board approval its Statement of Expenses for 1979.

APPENDIX 6

Executive Council notes the budget and refers it to Management.

Executive Council, on behalf of CDA, commends Dr. Feasby for his outstanding service as member and chairman of the Council on Education.

The Board presented Dr. Feasby with a Certificate of Merit.

RESOLVED

That this report be accepted.

ADOPTED

RECOMMENDED MINIMUM REQUIREMENTS FOR APPROVAL OF GRADUATE/POSTGRADUATE PROGRAMMES IN DENTAL PUBLIC HEALTH

Basic to any considerations bearing on approval of graduate/postgraduate programmes in Dental Public Health is the requirement that a course of study relating thereto be of at least two academic years in duration. There are two such acceptable arrangements:

1. A two-year university program or
2. A one-year university course plus a one-year residency which falls to the ultimate jurisdiction of the said university.

Definition (1973T28)

The science and art of preventing and controlling dental disease and promoting dental health through organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with research and the application of the findings of research, and with the administration of group dental care programmes as well as the prevention and control of dental diseases on a community basis.

Essential Material

Core courses are: epidemiology, dental statistics, health administration, health education, nutrition and preventive dentistry.

In addition a number of supporting courses must be completed. These are: computer application, public health law, and social aspects of dentistry.

Additional Requirements

A residency programme would constitute the practical aspect of specialty training.

A graduate degree programme would provide advanced training in specialized areas such as epidemiology and biostatistics.

A major essay must constitute one of the requirements for the postgraduate diploma. A thesis must be completed for the graduate degree.

Residency Programme

The residency programme must be acceptable to and affiliated with the parent educational institution offering the diploma or degree.

Residency Programme - continued

The residency must provide opportunities for the resident to apply in practical situations the principles and theories learned in the academic year of his training. While the residency programme must be consistent with the definition of the specialty and the functions of specialists as described above, it should allow for some flexibility based on the special attributes of the residency agency and the particular needs of each resident.

Each residency must contain instruction and practical experience in the following areas:

- a. administration
- b. service or health care delivery
- c. research
- d. related elective studies

About one-quarter of the residency should be spent in each of these areas.

MINIMUM REQUIREMENTS FOR RESIDENCY PROGRAMMES

1. Length of residency programme - a minimum of nine months.
2. Supervision of residency programme - a specialist in dental public health.
3. Staff - professional consultative staff in the areas of administration, service and research must be available.
4. The programme - should be broad in scope, including treatment and preventive services.
5. Library - current texts, journals and reports on public health and dental public health must be available to the resident.
6. Clinic facilities - facilities, equipment and supplies must be available for the residency programme.
7. Co-operative opportunities - it may be appropriate for the residency agency to have a diversified programme of public health activities in which appropriate arrangements could be made for the participation of the resident in two or more of the agency's activities.
8. Budget - an appropriate itemized budget must be provided for residency expenses, including provision for necessary travel.

Amendments to
Handbook on Evaluation Procedures

Accreditation Review and Appeal Procedure

Page 15

PART I - RECONSIDERATION

1. Should the Committee on Survey Policy recommend the status of "provisional approval" or that accreditation classification be denied, the Educational Institution will have the right to request "reconsideration" by the Committee on Survey Policy before the recommendation is transmitted to the Council on Education.

Page 17

Terms of Reference - Accreditation Appeal Board

2. (a) When a recommendation to deny accreditation classification has been made by the Committee on Survey Policy and has been ratified by the Council on Education and provided the procedures as outlined in Part I have been followed by the Educational Program, and

(b) When the Council on Education has denied accreditation status notwithstanding that Council had received a different status recommendation from its Committee On Survey Policy.

Application

The academic administrator responsible for the Educational Program shall, within a period of ten (10) days following receipt of notice that the program has been denied accreditation status by the Council on Education, make application, in writing, to the Executive

Director of the Association for the creation of an Accreditation Appeal Board. The application shall provide detailed reasons for the application and will indicate whether the applicant intends to appear or be represented before the Board. Until such time as a decision has been rendered by the Appeal Board, the accreditation status previously applying to a given program will continue.

Neither the Educational Institution, the Council on Education, nor the Board shall be represented by counsel.

REQUIREMENTS OF A PROGRAM IN DENTAL LABORATORY TECHNOLOGYINTRODUCTION

1. Until recently very few formal training programs existed for technicians, and training for the greater part was accomplished by the apprentice system. The apprentice system does not offer the uniformity of a formal training program and hence, does not meet the overall dental laboratory requirements of the profession. Therefore, the Council on Education of the Canadian Dental Association is concerned with the formal training programs which will graduate dental laboratory technicians who will be able to serve either the general or specialized dental laboratory requirements of the dental profession.
2. In order to achieve approval by the Canadian Dental Association it is essential that the program meet or exceed the established standards. In establishing these requirements, however, the Canadian Dental Association wishes to establish high minimum standards so that the public and the profession may be assured of the quality of the process that produces dental technicians. The established standards are not intended to restrict educational innovation providing the minimum requirements have been met.
3. The requirements established by the Canadian Dental Association apply only to those extra-oral technical and laboratory procedures relating to intra-oral appliances and prosthetic procedures.

EDUCATIONAL ENVIRONMENT

4. The Council on Education will consider for accreditation programs in dental laboratory technology conducted in post-secondary institutions such as: community colleges, technology institutes or Federal Agency training programs conducting formalized training programs for dental auxiliaries.

5. The parent institution should establish and maintain a satisfactory liaison with the provincial licensing authority and should maintain an advisory relationship with the local dental association. These relationships should insure that the training objectives of the programs satisfy and contribute to the needs of the profession.

ADMISSIONS

6. Admission requirements for entrance into dental laboratory technician programs will vary from province to province and perhaps from institution to institution within the same province. Admission requirements, however, must be dependent upon the parent institution and be equal to the requirements for admission to comparable courses within the institution.
7. Due to the scientific and technical nature of the program, it is strongly recommended that applicants have a background in chemistry, physics and mathematics.
8. In the case of mature applicants dentally related experience might be considered in lieu of some of the educational requirements.

CURRICULUM

9. The dental laboratory curriculum should extend over a period of three years and involve both formalized training and on-the-job training.
10. In order to develop competence in organized work habits and in order to provide experience in a variety of laboratory procedures, the institution should make available through its own resources, or through affiliate relationships, supervised on-the-job training.
11. Maximum or minimum number of hours for each component subject or experience are not specified in order that maximum flexibility may be permitted the institution in the organization of the scientific, technical and practical portions of the program.

12. Instruction should be provided in the following topic areas employing lectures, demonstration, technical practice and practical experience as required on the list:-

Gross Anatomy
Dental Anatomy
Ethics and Jurisprudence
Terminology and Nomenclature
Dental Materials and Metallurgy
Casting Procedures
Complete Dentures
Removable Partial Dentures
Repairs, Rebases and Relines
Fixed Partial Dentures
Ceramics
Orthodontic and Paedodontic Technical Procedures
Maxillo-facial Technical Procedures
Clinic/Laboratory Relations
Orientation to the Dental Health Team Concept
Occlusion & Articulation Theory & Practice
Equipment Maintenance
Business Administration.

FACULTY

13. The faculty of a dental laboratory technician program should be adequate in size to conduct training for the number of students enrolled. The instructor/student ratio will vary with the type of instruction, but in laboratory techniques a ratio of one instructor to ten students is considered minimal.
14. Each program should have full-time administrative personnel. The course administrator should be a dentist or a dental laboratory technician who possesses the educational qualifications and administrative ability to implement, supervise and conduct a program in dental laboratory technology. He should have the responsibility and authority accorded other administ-

rators conducting comparable programs at the parent institution. The administrative policy should clearly delineate the functions and responsibilities of each respective faculty member.

15. The faculty should be well qualified in their specific areas of responsibility and should be acceptable to both the parent institution and the advisory committee.
16. The faculty in addition to their instructional responsibilities should participate in student admissions, curriculum development and implementation.
17. The faculty should have satisfactory opportunities for professional development.
18. The faculty should include a dentist(s) who would be responsible for Orientation, Basic Sciences and to assist in the correlating of biological and technical aspects of the program. The appointment may be part-time, but should be commensurate with the extent of the teaching responsibilities.

CLASS SIZE

19. The number of students admitted to a class should be governed by the training facilities available and the instructor/student ratio.

TEACHING FACILITIES

20. The teaching facilities and equipment should be adequate to accomplish the training objectives of the program and to accommodate the number of students enrolled. Facilities should include sufficient laboratory training areas to permit effective teaching of complete, removable and fixed partial denture techniques, paedodontic and orthodontic technical procedures, maxillofacial technical procedures, ceramic techniques and chrome cobalt casting procedures.

21. Lecture space should be readily available for the program. If lecture rooms are utilized by other programs, the dental laboratory technology program should be flexible enough to accommodate schedule demands imposed by other programs.
22. The school should also provide faculty offices, staff laboratory research area and student locker room accommodation.

LIBRARY AND VISUAL AIDS

23. The library may be maintained separately or in connection with the library of the parent institution. The students should have ready access to library facilities either during scheduled library/study periods or during free time. The library should contain current reference books, periodicals, and publications pertaining to dental laboratory technology and to the related allied dental health sciences.
24. Audiovisual aids should be available to both the staff and students.

FUNDING AND FINANCIAL SUPPORT

25. The parent institution should be prepared to provide funds necessary to assume the full operating costs which would include consumable supplies, maintenance and renovation of equipment, procurement of new equipment, compilation of training documents and manuals, faculty and support staff salaries. Reasonable assurance should be given that these funds will be made available to maintain a continuing program.

ACCREDITATION OF HEALTH SCIENCES EDUCATIONAL PROGRAMSA STATEMENT PREPARED AT THE REQUEST OF THE
COUNCIL ON EDUCATION

The Council on Education of the Canadian Dental Association expresses its concern to the Executive Council and the Board of Governors.

- Council recognizes the problems of multiple accreditation surveys and realizes that cooperative efforts are required especially in regard to the multiple surveys experienced by hospitals.
- An overall coordination function such as that proposed by the Association of Universities & Colleges of Canada/Association of Community Colleges of Canada would be desirable and useful.
- Council does not agree that government should be directly involved in the accreditation of programs leading to qualification in the Health Sciences.

In particular and in reference to the document "Accreditation of Health Sciences Education Programs":

- a) The recommendations of the Working Group proposes an Accreditation Council that is redundant, unnecessary and a threat to the autonomy of the health professions, post-secondary educational institutions and the rights of the Provinces.
- b) The budget of the proposed Council is projected at \$344,000 for the first year for the central office activity alone. This budget is totally inappropriate for a review agency with no legislative or administrative authority.
- c) The delegation of Health and Education to the Provinces by the B.N.A. Act denies the proposed Council direct authority over any of the professions, institutions or provincial governments.

d) Re recommendation #7 "The role of the Council."

7(b & c) It is proposed that there be established an Accrediting Agency for approving Accrediting Agencies. This role is to be regarded with caution. The individual professions would no longer be able to determine the profile of their respective professions.

7(f) Option One is unacceptable for reasons stated in Appendix C of the document. Option Two would be acceptable if it were reworded as "acting as a review body on accreditation procedures and decisions." The professions and the related educational bodies must retain their role in determining the "content---(and) relevance of specific--standards."

e) Re recommendation #8. The statement "all the health sciences educational programs including those in medicine, dentistry, pharmacy, nursing and allied health fields come under the jurisdiction of the Council" indicates control in an area where the Federal Government, in fact, has no "jurisdiction."

f) The status and advanced state of development of the accreditation mechanism such as that of the CDA seems to have been ignored. The CDA would receive no direct benefit, the work of the provincial licensing bodies would not be facilitated and the Canadian public would not be better served by the proposed Council.

g) With the adoption of the new proposed structure of the Council on Education, the broad professional base, the involvement of provincial licensing bodies, auxiliaries, professions and lay public is assured.

It is the opinion of the Council on Education that our profession can perform the accreditation function better and at less cost without the unnecessary interference of the Federal Government.

WJF/June 1978

DENTAL APTITUDE TEST PROGRAMME

	<u>ACTUAL BUDGET 1977</u>	<u>APPROVED BUDGET 1978</u>	<u>PROJECTED BUDGET 1979</u>
<u>REVENUE</u>			
Applicant's Testing Fees	\$48,795	\$ 59,500 (1700 appl/c)	\$ 57,750 (1650 appl)
Interest	1,680	3,570	3,500
	<u>\$50,475</u>	<u>\$ 63,070</u>	<u>\$ 61,250</u>
<u>EXPENDITURE</u>			
Test Supplies	\$ 9,212	\$ 9,289	\$ 8,200
Salaries and Benefits	14,850	21,500	17,000
Grading of tests	6,036	5,000	6,500
Honoraria	5,546	6,500	9,500
Postage and express	2,183	3,000	3,300
Travel and Sundry	5,213	6,500	7,000
Validation	1,868	3,000	3,000
Office Supplies, Expenses	2,965	2,500	3,000
Depreciation	223	400	400
Professional Charges	400	450	450
Bank Charges	56	30	150
Conferences	-	2,000	1,000
Extra Duties - Overtime	-	1,000	1,000
	<u>\$ 48,552</u>	<u>\$ 61,169</u>	<u>\$ 60,500</u>
<u>EXCESS OF REVENUE OVER EXPENDITURES</u>			
	\$ 1,923	\$ 1,901	\$ 750
<u>SURPLUS AT BEGINNING OF YEAR</u>			
	\$ 16,950	\$ 18,873	\$ 20,774
<u>SURPLUS AT END OF YEAR</u>			
	\$ 18,873*	\$ 20,774	\$ 21,524

* actual surplus recorded by auditors at December 31, 1977

Council on EducationBudget - 1979

ANNUAL MEETINGS	\$6,000 x 1	\$ 6,000
TRAVEL		2,500
<u>SURVEY PROGRAMME</u>		
(1) Surveys		
Travel & Expenses		35,000
(2) Meetings	\$2,500 x 2	5,000
(3) Salaries		
(a) Coordinator & Assistants		60,000
(b) Secretarial Support		20,000
(4) Per Diems	6 x \$200	1,200
		<u>\$129,700</u>

Revenue"

Corporate Fees	35,000
N.D.E.B.	15,000
Fees from Institutions	<u>15,000</u>
	65,000
Costs	<u>129,700</u>
Deficit	<u>\$ (64,700)</u>

Institutions

offering dental and dental auxiliary programs
in Canada and including accreditation status
as of June 30, 1978

Dental Undergraduate Programs

University of British Columbia	- Approval
University of Alberta	- Approval
University of Saskatchewan	- Provisional approval
University of Manitoba	- Approval
University of Western Ontario	- Approval
University of Toronto	- Approval
Université de Montreal	- Approval
McGill University	- Approval
Université Laval	- Approval
Dalhousie University	- Approval

Dental Specialty Programs

Oral Pathology

University of Toronto	- Approval
University of Western Ontario	- Approval
University of Manitoba	- Approval

Dental Specialty Programs (Cont'd)Oral Surgery

Dalhousie University	- Provisional approval
Université Laval	-
Université de Montréal	-
McGill University	- Provisional approval
University of Toronto	- Provisional approval
University of Manitoba	- Accreditation eligible

Orthodontics

Université de Montréal	- Approval
University of Toronto	- Approval
University of Western Ontario	- Approval
University of Manitoba	- Approval
University of Alberta	- Approval

Paedodontics

Université de Montréal	- Approval
University of Toronto	- Approval

Periodontics

University of Toronto	- Approval
University of Manitoba	- Accreditation eligible
University of British Columbia	- Accreditation eligible
Dalhousie University	- Accreditation eligible

Dental Specialty Programs (Cont'd)Prosthodontics

McGill University

- Provisional
approvalDental Hygiene

University of British Columbia

- Approval

University of Alberta

- Approval

University of Manitoba

- Approval

Université de Montreal

- Approval

Dalhousie University

- Approval

Canadian Forces, Borden

- Approval

George Brown College, Toronto

Algonquin College, Ottawa

- Provisional
approval

Collège de Maisonneuve, Montréal

- Provisional
approval

John Abbott College, Montreal

- Approval

Trois-Rivières, Québec

-

St. Jérôme, Québec

-

F. X. Garneau, Québec

-

St. Hyacinthe, Québec

-

Edouard Montpetit, Longueuil, P.Q.

-

Niagara College, Welland, Ontario

-

Dental Assisting

Algonquin College, Ottawa	- Approval
Camosun College, Victoria, B.C.	-
College of New Caledonia, B.C.	-
Canadore College, North Bay, Ont.	- Approval
Canadian Forces, Borden, Ont.	- Approval
Confederation College, Thunder Bay, Ont.	- Approval
Douglas College, New Westminster, B.C.	-
Durham College, Oshawa, Ont.	-
Fanshawe College, London, Ont.	- Approval
Georgian College, Orillia, Ont.	- Provisional approval
George Brown College, Toronto, Ont.	- Approval
Holland College, Charlottetown, P.E.I.	- Approval
Kelsey Institute, Saskatchewan	- Approval
Keewatin College, The Pas, Man.	- Approval
Lethbridge C. College, Alberta	-
Malaspina College (B.C. Vocational)	- Approval
McGill University, Montreal	-
Northern Lights College, Dawson Creek, B.C.	-
N.S.I.T. Halifax, N.S.	- Approval
N.A.I.T., Edmonton, Alberta	- Approval
Niagara College, Welland, Ont .	- Approval
Okanagan College, Kelowna, B.C.	- Approval
Red River College, Winnipeg, Man.	- Approval
S.A.I.T. Calgary, Alberta	- Approval
Seneca College, Downsview, Ontario	-

Dental Assisting (Cont'd)

St. Clair College, Windsor, Ont.

- Approval

Vancouver Vocational Institute, Vancouver.

-

Wascana Institute, Regina

- Approval

Dental Technology

Canadian Forces, Borden

N.A.I.T. Edmonton

George Brown College, Toronto

S U M M A R Y

Dental Undergraduate Programs		10
Dental Specialty Programs		21
Oral Pathology	3	
Oral Surgery	6	
Orthodontics	5	
Paedodontics	2	
Periodontics	4	
Prosthodontics	<u>1</u>	
	21	
Dental Hygiene Programs		16
In Universities	5	
Canadian Forces	1	
Ontario Colleges	3	
CEGEPS Quebec	<u>7</u>	
	16	
Dental Assisting Programs		28
Dental Technology Programs		<u>3</u>
TOTAL		78

Statistics
on
recent surveys and projected estimates

dates shown are from Council meeting to Council meeting
(e.g. May 1974 to May 1975)

Program	1974	1975	1976	1977	1978	1979
	-	-	-	-	-	-
	1975	1976	1977	1978	1979	1980
Dental Undergraduate	2	3	2	1	4	4
Specialty	4	1	6	2	6	6
(Accred. Eligible)*				3		
Dental Hygiene		2	2	1	7	1
Dental Assisting	2	4	2	2	11	1
Dental Technology						3
Dental Hygiene (Expanded duty)						
Dental Assisting (Expanded duty)						
Totals	8	10	12	9	28	15

* One Site Visit

COUNCIL ON EDUCATION 1977-78

ORGANIZATIONAL CHART

MEMBERS: W.H. Feasby (Chairman), London 1978 (2); E.R. Ambrose Montreal 1978 (2); R. Coulombe, Lachine 1979 (2); J.D. McLean, Halifax 1979 (2); D. Yeo, Vancouver 1979 (1); E. Rajczak, Hamilton 1979 (1); G.H. Peacock, Saskatoon 1979 (1); G.A. Freeze, North Vancouver 1980 (1); G.W. Myers, Edmonton 1980 (1).

STANDING COMMITTEES

Aptitude Test

W.R. Teteruck (Ch.) 1978(2)
G.W. Thompson 1980(2)
E.R. Ambrose 1979(2)
M. Boyd 1979(1)
J. Graham (Consultant)

Survey Policy

J.D. McLean (Ch.) 1980(2)
D. Yeo 1980(1)
D.R. Gratton 1979(2)
R. Coulombe 1978(1)
D.B. Proctor NDEB 1979(2)
S. Claman RCDC 1978(1)
K.C. Bentley ACFD 1978(1)
G. Peacock (Reg.) 1979(1)
Ms. K. MacDonald CDHA 1981(1)
Miss E. Wesley CDNAA 1980(2)

Survey Co-ordinator

K.M. Baird (Interim)

Nominating Committee

E. Ambrose
G. Freeze

AD HOC COMMITTEES

Teaching Conference

1979 G. LaChance

Biennial Research & Education Conference

D.W. Banting 1978

Continuing Education

P.B. Martinello
M. Williamson
E. Rajczak
G. Albert
W. Feasby *

* ex officio acting Chairman

COUNCIL REPRESENTATIVES TO:

Natl. Cancer Institute

D. Gardner 1980(1)

ACFD

Chairman of Council on Education

NDEB

Chairman of Council on Education
E.R. Ambrose 1978

ACMC

Chairman of Council on Education

NON-VOTING REPRESENTATIVES TO COUNCIL:

NDEB

G. Kravis

ACFD

W.J. Dunn

RCD(C)

C.L.B. Lavelle

CDHA

J. Voris

CDNAA

M. Paquin

CFDS

Col. J.N. Wright

DENTAL STUDENT

James Girard, U.B.C.

HOSPITAL SERVICES

MEMBERS: M. Gornitsky, Chairman, Montréal
J.H.P. Main, Toronto
P. Surprenant, Sherbrooke
R. Mulrooney, Scarborough
W.H. Sussel, Chilliwack
A.E. Hoffman, Halifax
K.M. Gordon, Edmonton
R.F. Evans, Executive Liaison, Picton

R E P O R T

1. The Council on Hospital Services has had a rather active period from October 1977 to June 1978.
2. I submit for your approval "The Recommendations and Requirements for the Approval of Multidisciplinary Internship and Residency Programs in General Dentistry." Appendix I. These are a series of guidelines for accreditation which has been brought forward, studied and accepted by the Council on Hospital Dental Services. This should be added to the documentation presently used as guidelines for accreditation of hospital dental services and internship programs. Appendix II. This is just a start in a series of revisions of the various documentations that the Council on Hospital Dental Services use for accreditation purposes. The last time these were revised was in 1972.

Executive Council accept in principle the revisions and awaits the finalized version to be submitted for approval to the Board of Governors.

Received as information.

3. (a) A meeting of the Council was held on February 17, 1978. This was an organization meeting to choose the various surveyors for the accreditation surveys which are to be held in 1978 and 1979. Since no accreditation surveys were held in 1977 the additional work load has meant extra time in surveys preparation of documentation and writing of reports. We have instituted a \$500.00 fee to be borne by the institution that is to be surveyed. This is to cut down on some of the expenses incumbent on the C.D.A. due to the cost of travel, accommodations, meals, etc. incurred for the accreditation surveys.
- (b) It is proposed that a per diem be paid to the surveyors so as to reimburse them for time lost from the office, both in surveying facilities and also extra time utilized in completing documentation and making reports. A per diem of a minimum of \$200.00 should be paid to these people. As part of the surveying team a member of Council plus another are chosen. It is important that a member of Council be present at the survey so that he can defend his report before the Council when the documentation is assessed.

4. Letters (Appendix III) were written to Dr. A.L. Swanson, Executive Director Canadian Council on Hospital Accreditation, to explore the affiliation of the C.D.A. with the C.C.H.A. for the purpose of accrediting dental facilities simultaneously with hospital facilities. The last letter to Dr. Swanson acknowledges the importance of the C.C.H.A. to the C.D.A. and that the Council on Hospital Dental Services would look with favor on such an affiliation. It is now up to the Governors of the Canadian Dental Association to follow through with a request for formal affiliation.

The following paragraph describes the reasoning behind such an affiliation:

"The possibility of a formal affiliation with the C.C.H.A. should be explored by the Canadian Dental Association so that a C.D.A. survey could be done simultaneously with a C.C.H.A. survey. The C.D.A. surveyor would be responsible for the survey of dental facilities in those institutions with a dental service of Department of Dentistry. The costs of the C.D.A. service would be borne by the C.D.A. which would bill the hospital directly. Besides the convenience fact to the hospital the dental survey would be considerably enhanced by an overview of total hospital care. The C.C.H.A. survey would add a new dimension, increase scope, and a rewarding educational experience for our dental surveyors."

At the request of the Chairman of the Council on Hospital Services, the following motion was put forward:

Motion: "Evans/Utas

"That CDA investigate affiliation with the Canadian Council on Hospital Accreditation with a view to integrating the accreditation survey of departments of dentistry with that of the hospitals".

Carried

The Board agreed.

5. The Council on hospital dentistry took note of the Canadian Manual on Hospital By-Laws (Appendix V) published by the Canadian Hospital Association and written by Lorne Elkin Rozovsky and William McKay Dunlop. Items 24 and 71 in this pamphlet were particularly offensive to the Council and a letter (Appendix IV) was written so that these paragraphs would be deleted or modified in their manual. A letter was received acknowledging this letter and stating that they would be making a comment in the future.
6. The Chairman of the Council was invited to attend as a delegate observer to the 1978 A.C.F.D., C.D.A., teaching conference on hospital dentistry, held at C.D.A. Headquarters in Ottawa, Monday, March 27, 1978.

HOSPITAL SERVICES

7. We are in the midst of numerous surveys of hospital dental facilities and our next meeting of the Council is scheduled for August 25, 1978, at which time there should be a minimum of 15 surveys completed. The Council is also exploring having a mini meeting during the summer months, to delve into the revision of the documentation used in accreditation surveys.
8. I should like to thank Dr. R.F. Evans, Executive Liaison to the Council and all other Council members for giving me the cooperation and support that is so necessary for a Council to function efficiently.

RECOMMENDATIONS BY THE COUNCIL ON HOSPITAL SERVICES TO THE BOARD FOR THEIR APPROVAL AND ACTION:

RECOMMENDATION:

1. "That under Guidelines for Accreditation, para (c) the following addition should be made:

"The normal period for the accreditation status of Approval shall be three years and for Provisional Approval, one year. If a request for re-accreditation is not submitted by the hospital in the last year of the accreditation status of Approval, the status shall automatically be changed to Provisional Approval which shall be for one year, and the institution will be so advised. If no application for re-accreditation is made during the year of Provisional Approval, the accreditation status will automatically be withdrawn and the institution will be so advised."

"When the accreditation status is non-approval, the hospital may appeal within thirty days for re-accreditation. On receipt of such an appeal, the accreditation status shall revert to Provisional Approval until such time as re-assessment is done."

The Board agreed.

RECOMMENDATION

2. "That the fee for C.D.A. Accreditation assessment be \$500.00 for the year 1978 and all hospitals to be so informed".

This to be made retro-active to January 1st, 1978.

The Board agreed.

RECOMMENDATION

3. "That whereas most surveyors for hospitals are private practitioners who will be out of pocket and that
"Whereas hospitals are being charged for the survey,
"Therefore be it resolved that a \$200.00 per diem be paid to each member of the survey team."
This to be made retro-active to January 1, 1978.

Executive Council refers this recommendation to the Ad Hoc Committee on Per Diems for their recommendation.

At their August 25 meeting, the Ad Hoc Committee on Per Diems recommended the following:

"That effective October 1, 1978 surveyors shall be paid a per diem of \$100.00 per day.

The following amendments to this recommendation were proposed by the Board:

RESOLVED

That surveyors be paid \$200.00 per day.

DEFEATED

RESOLVED

That the effective date for these per diems be January 1, 1978.

DEFEATED

The Board then agreed on the following recommendation:

That effective October 1, 1978, surveyors shall be paid a per diem of \$100.00 per day.

ADOPTED

RECOMMENDATION

4. "Whereas in the past there have been delays in informing hospitals as to their accreditation status and

"Whereas the Board of Governors customarily passes the recommendations of this Council, therefore.

"Be it resolved that the hospitals be informed of the recommendation of the Council on Hospital Services immediately after the meeting of this Council."

Executive Council disagrees and suggest the following change:

"Whereas in the past and Whereas the Board therefore,

"Be it resolved that the hospitals be informed of the recommendation of the Council on Hospital Services after such recommendation has been approved by the Executive Council?"

The Board disagreed and recommended the following:

RESOLVED

That this recommendation be referred to the Executive Council to obtain consistency between the application of the intent of this recommendation to both the Councils on Education and Hospital Services.

DEFEATED

The Board then agreed on the following resolution:

RESOLVED

Whereas in the past there have been delays in informing hospitals as to their accreditation status and

Whereas the Board of Governors customarily passes the recommendations of this Council, therefore

Be it resolved that the hospitals be informed of the recommendation of the Council on Hospital Services over the signature of the Executive Director of the C.D.A.

ADOPTED

RECOMMENDATION

5. "That C.C.H.A. be consulted regarding liability and appeal mechanisms and that this Council then implement procedures that are in harmony with existing methods."

Executive Council disagrees and recommends the following:

"That C.C.H.A. be consulted via the Executive Director regarding liability and appeal mechanisms and that this Council then recommend to the Executive Council procedures that are in harmony with existing methods."

The Board agreed.

RECOMMENDATION

6. "That this Council calls the attention of the Executive Council to the Canadian manual on Hospital By-Laws published by the C.H.A. and recommends that Executive Council take appropriate action, specifically with respect to items 24 and 71."

Executive Council will take this recommendation under advisement.

The Board agreed.

Respectfully submitted

Mervyn Gornitsky, B.Sc., D.D.S.,
F.R.C.D. (c)
Chairman,
Council on Hospital Services

MG/ab

Encls.

Executive Council thanks the Chairman of the Council on Hospital Services for his report.

The Board agreed.

RESOLVED

That this report be accepted

ADOPTED

HOSPITAL SERVICES

RECOMMENDATIONS AND REQUIREMENTS FOR THE APPROVAL OF MULTIDISCIPLINARY
INTERNSHIP AND RESIDENCY PROGRAMS IN GENERAL DENTISTRY

INTRODUCTION:

A multidisciplinary internship or residency is an educational experience beyond undergraduate studies, providing the opportunity to increase clinical experience in a hospital milieu and additional training in the basic sciences relating to the practice of dental medicine.

The primary objective is the development of professional competence, knowledge and experience, and greater confidence in clinical judgement. The intern or resident will be able to treat, follow up and advise his patients, from examination to discharge, under the supervision of experienced members of each individual discipline of the profession and in active cooperation with members of the medical staff of the hospital.

An adequate number and variety of patients must be available in order to meet the requirements of the training program, which must be supervised.

The person in charge must be academically, professionally and ethically suitable, so that the students can be instilled with the best possible professional spirit.

Hospital medical and dental staff have certain responsibilities to patients and staff which they must be willing to assume.

It is most important that the dental department, intern and resident, be integrated into the hospital and that the latter hold the same status as their medical colleagues. The normal procedure would be that the hospital consider these recommendations and that the dental interns and residents be acquainted with the rules set up for all interns, residents and medical personnel.

GUIDELINES FOR ACCREDITATION:

CDA accreditation of an internship or residency program is determined in the following manner:

- (a) The hospital dental services or department must be approved by the CDA upon the recommendation of the Council on Hospital Services.
- (b) Requests for accreditation must be made by the hospital to the CDA.
- (c) Accreditation status may be: approval, provisional approval, or non-approval, and shall be for a stated period of time.

GUIDELINES FOR ACCREDITATION - continued

- (d) If the status is "non-approval", the Council on Hospital Services shall communicate with the hospital authorities concerned, stating the reasons for the rejection. This should assist in the development of the internship or residency program, which will meet the standards required by the CDA.
- (e) The employment and activities of the dental intern or resident must conform to the provisions of the dental act, and rules and regulations of the licensing authority.
- (f) Internship:

An internship is a form of hospital experience of one year's duration, designed to offer the dental graduate opportunity for clinical experience and education beyond the undergraduate level.

- (g) Residency:

Residency programs are of two types:

- (1) University-sponsored programs leading to specialty certification.
- (2) Hospital-sponsored programs which continue the multidisciplinary training begun in internship programs.

TRAINING:

Interns should be exposed to and given clinical experience in the management of:

- (1) Emergency cases, including infection, trauma and haemorrhage.
- (2) Patients requiring routine dental care who have complicating systemic disease.
- (3) Mentally or physically handicapped patients also requiring routine dental care..
- (4) Patients requiring major oral surgery.
- (5) Patients with more serious and less common forms of dental disease.

HOSPITAL SERVICES

TRAINING: - continued

- (6) Patients requiring specialized maxillo-facial prostheses.
- (7) Patients requiring interdisciplinary management.
- (8) In-patients requiring dental care unrelated to their admission diagnoses.
- (9) Out-patients referred for dental care by other departments of the hospital.

The above list is suggested as a guide to the chief of dentistry.

At the completion of the internship, the trainee, amongst other things, should be well qualified for admitting privileges in a hospital and should:

- (1) Have demonstrable competence in the procedures for which he desires privileges.
- (2) Be thoroughly familiar with hospital procedures, including the mechanism for admission and discharge of patients, writing orders, recording a medical history and making progress notes.
- (3) Be familiar with basic laboratory determinations.
- (4) Be familiar with proper operating room procedures and decorum.
- (5) Be fully competent to formulate a technically and biologically acceptable treatment plan and to carry it out, for a patient who requires hospital care for his or her dental treatment.

PROTOCOL FOR SURVEYS, DENTAL DEPARTMENT DENTAL SERVICEINTRODUCTION

As a representative of the major Canadian Dental Organization, the role of the surveyor in accrediting various dental institutions has achieved rather important significance, both to the credibility of the Canadian Dental Association, and to the institution concerned.

The cost of these surveys to the Canadian Dental Association is not as important as the ability to make positive suggestions to benefit the Dental Department or service, if needed.

The institution surveyed is required to pay a fee for this service, so that time, and not expense, is of the essence. Sufficient time should be taken to make an adequate inspection of the premises and interviews as described below, are essential. Through interviews you should be able to determine the regard with which the dentist and the Dental Department is held within the hospital administration, and to what degree the Chief of Dentistry is knowledgeable. Prepared questions in advance may be helpful for the inexperienced surveyor.

If this is a re-survey then it would be advisable to have a copy of the previous surveyors report and recommendations in order to verify whether past deficiencies have been corrected and recommendations followed.

DOCUMENTATION

Verify documentation which has been completed and sent to you via C.D.A. This should be read in advance and questionable answers noted. Remember, your interpretation of the question and that of the person answering may be at variance. Check documentation against C.D.A. guidelines to determine if it corresponds.

INTERVIEWS

Write to the Chief of Dental Service requesting interviews:

[1] Executive Director of Hospital, this, to determine if the administration of the hospital is aware of the Dental Department - of its significance, the relationship of the Dental Department to the other departments within the hospital. What does the administration consider to be the role of hospital dentistry within the hospital context? What the future holds for the Dental Service or Department - whether it is to be augmented, whether it is to be left as it is, or whether it will be diminished in scope.

[2] Medical Director or Director of Professional Services This person is the liaison between the medical staff and administration within the hospital. He will be well aware of the Dental Department in relation to the medical aspect of the hospital.

This interview should take into consideration the liaison of the Dental Department within the functioning medical milieu. He will be well aware of the contribution of dentistry and dental surgery within the total health care of the patient.

- ① Chief of Surgery, if Dental Service is subservient to Department of Surgery.
This to determine the relationship of the dental service within the surgical context. The rapport between Oral Surgery and Surgery. To what extent is oral surgery or dental surgery allowed in the hospital? The concerns of the Chief of Surgery might be very important in the advancement and the role of the Dental Department and in the role of Oral Surgeons related to hospital surgery.
 - ② Chief of Dental Department or Service. It is important to note whether the Chief of the Department is dynamic, has an adequate knowledge of hospital dentistry, and whether administrative or other changes can occur within the Dental Department by others outside, for example: administration, without his knowledge or approval. The qualifications of the Chief of Dental Department must be determined.
 - ③ Geographic Full-time Dentists, if their responsibilities involve the role in administration of the Dental Service. Their duties should be defined and understood. Their liaison and rapport with the Chief of the Dental Service should be explored.
 - ④ Dental Interns or Residents - only in cases where the internship or Residency Programs are to be surveyed.
3. ONSITE INSPECTION OF THE DENTAL CLINIC Verify Dental Clinic re:
- ① Accessibility to the rest of the hospital. Note whether the corridors are large enough and the operatories can accommodate stretchers and/or wheel chairs. In case of extreme emergencies, - can competent medical care and attention be received immediately.
 - ② Equipment, - type and age, whether functional. Size and amount of equipment relative to the size of the Operatory - whether cluttered and inefficient.
 - ③ Sterilization - This must be a separate room, not part of a lounge or laboratory. Check as to storage of clean and sterilized instruments, - whether instruments are bagged prior to sterilization, whether tray set-ups are used.
 - ④ Laboratory space and equipment.
 - ⑤ Recovery room area, - whether supervised or not.
 - ⑥ Emergency and resuscitative equipment, - availability and accessibility.
 - ⑦ X-ray equipment, dark-rooms.
 - ⑧ Number of personnel, - clerical, dental assistants, nurses, secretary - whether sufficient for size of service and patient load.
 - ⑨ Type of service - Procedures performed and by whom.
 - ⑩ Check cleanliness and ventilation of area.

[1] Records. Out-patient department and in-patient records should be made available to you. These should be examined thoroughly, to determine whether procedures are documented, whether statements are signed, whether patients are seen, and by whom, whether x-rays are taken, types of x-rays, quality of x-ray and where stored, whether the records are accessible and conveniently located. Documentation is extremely important relative to patient care and for information purposes as to past dental history

X-rays are an important part of the documentation. They should be properly fixed and retained so that they can be located when needed. The Dental Department should have its own Record Sheets, and should be easily located within the Hospital Chart.

On in-patient charts the surgical procedures that have been performed in the operating room should be described and legible. Operating room protocol should be available. Notes of procedures, pre-operative and post-operative notes, as well as patient visits should be adequately recorded and signed by the attending dentist. An in-patient intra-oral dental examination should be performed. Four or five in-patient charts and four or five out-patient department charts should be examined routinely in assessing the efficacy and efficiency of the dental service or department.

4. ADMINISTRATIVE STRUCTURE OF THE DENTAL DEPARTMENT

Each dental service has a Dental Staff. Check the hospital by-laws to determine if the Dental Staff is considered on a par with the Medical Staff. Verify if there are separate dental hospital by-laws. Verify the status of the dentist as a member of attending staff of the hospital.

In certain provinces the hospital department must have Departmental Meetings. In Quebec a hospital dental service or department, as well as other departments in the hospital, must have a minimum of six meetings annually. Determine if in your province this also is a legal necessity.

The hospital Dental Department or Service should have suitable committees with which to function. If the hospital staff is large, a Policy Committee should be formed - this is similar to an Executive Committee and may consist of the heads of the various disciplines within the Dental Department. An Audit Committee or Assessment of Dental Acts Committee is a rather important group of people which should be chosen to assess and evaluate the records and the functions of the various staff members using either the Operating Room and/or the Dental Department. Records should be checked on a regular basis to determine whether they are completed properly and notations should be made of post-operative complications or problems which then could be the subject of an internal review. If these Committees are in function, then Minutes of the meetings should be examined to determine if there is dissemination of information within the Dental Service or Department.

Check if continuing education, lectures or conferences, are part of the Dental Service or Department routine and whether available to the Dental Staff.

[1] Make notes as to over-all impressions regarding Dental Equipment, Dental Clinic and people that you interview.

[2] Check your impressions against the answers that you received in the documentation to see if they correspond.

[3] Make notes as to deficiencies and where improvement can or should occur.

INTERNSHIPS

The Program should be considered within the interview area so that all persons relative to the dental program are questioned and their concerns recorded. Be specific so that direct answers will be obtained.

Dental Interns and Residents must be interviewed as to their evaluation of the supervision and the content of the Education Program. This is most important.

1. PERSONNEL

The qualifications of the dental and medical staff members as educators should be reviewed in the context of a teaching program.

- [] Is there sufficient staff personnel for continuous supervision?
- [] Determine availability of dental and/or medical staff to conduct conferences and seminars and as on-site demonstrators.
- [] Is there sufficient ancillary and auxiliary personnel to make it efficient and effective.

Consider the number of Interns and Residents within the programs in assessing the above.

2. DETAILS OF DENTAL PROGRAM

- [] Scope of Program - Whether comprehensive dentistry is performed or not.
- [] Orientation - Is one discipline emphasized?
- [] Structure - Is it a specialized dental program; is it structured or non structured, i.e. are there definite periods for each discipline or is the program flexible?
- [] Responsibilities of the Dental Intern or Resident relative to the procedure performed:

Is the Resident responsible for total patient care?

Is the Dental Program integrated into the Medical Program of the hospital?

Is there a medical component involved or does the Intern or Resident spend all his time within the Dental Department?

Are all disciplines of dentistry represented?

What proportion of time is spent within the Dental Department to that within the other departments of the hospital?

- [] Emergencies - Determine what are considered dental emergencies.

Is the Dental Resident or Intern called upon to serve the emergency room?

Is there a 24 hour 7 day a week emergency service?

What is the responsibility of Resident relative to the emergency patient?

Is he supervised or not?

What is the relationship of the emergency room staff to the dental staff?

Does the Intern or Resident handle trauma to the head and neck.

4. Research - Are there dental research facilities available? Determine:

- a) If these are in effect a present
- b) Whether there is consideration for them
- c) Whether there is proper funding, etc.

Dental research, of course, should be encouraged.

Evaluation and Assessment - Is there a regular evaluating system used by staff for Interns and Residents? Is there a method of feed-back from Interns and Residents to the Chief of the Department or teaching staff, to allow for flexibility in the Program.

3. CONCLUSION

This is a list of questions which might be used by prospective surveyors for Internship and Residency Programs in general dentistry. Some of these questions are in the guidelines at present, others might be answered in your addendum report which should be submitted along with the regular CDA documentation.

Since one of the surveyors is a member of the Council it is expected that the Council member would be senior, since he will be present to defend the report.

Objectivity is mandatory in all surveys. If this is impossible for any reason then the surveyor should be replaced. The object of all surveys is to provide a mechanism for the institution to improve its Dental Department and Dental Program, thus all recommendations should be positive with this one goal in mind.

Accreditation should promote a high quality of dental care, research and Education.

Canadian Dental Association,
Council on Hospital Services.
May 1978.

March 21, 1978.

A.L. Swanson, M.D., F.A.C.H.A.
Executive Director
Canadian Council on
Hospital Accreditation,
25 Imperial Street,
Toronto, Ontario.
M5P 1C1

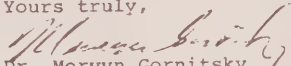
Dear Dr. Swanson:

Many thanks for your prompt reply to our telephone conversation, and for the enclosures concerning Hospital Accreditation. These answer the questions and concerns that we have had to date.

The possibility of a formal affiliation with the CCHA should be explored by the Canadian Dental Association so that a CDA survey could be done simultaneously with a CCHA survey. The CDA surveyor would be responsible for the survey of dental facilities in those Institutions with a Dental Service or Department of Dentistry. The costs of the CDA survey would be borne by the CDA, which would bill the hospital directly. Besides the convenience factor to the hospital the dental survey would be considerably enhanced by an over-view of total hospital care. The CCHA survey would add a new dimension, increased scope, and a rewarding educational experience for our dental surveyors. The formal request to the CCHA would have to be initiated by the Executive Council of the Canadian Dental Association, through its Executive Director, Mr. Lloyd Stevenson.

I wish to thank you for your kind effort and interest on our behalf and I hope that if this liaison is acceptable to the CCHA and to the CDA Board of Governors, that I shall be able to meet with you for the final implementation of these ideas.

Yours truly,


Dr. Mervyn Gornitsky
Chief, Department of Dentistry,
Jewish General Hospital

Chairman Council of Hospital Services
Canadian Dental Association

MG/ch
cc: Mr. Lloyd Stevenson

March 20, 1978.

Mr. Jean-Claude Martin,
Executive Director,
The Canadian Hospital Association,
410 Laurier Street West,
Ottawa, Ontario.

Dear Mr. Martin:

This is in reference to the Canadian Manual on Hospital By-laws, by Lorne Elkin Rozovsky, B.S., LL.B., and William McKay Dunlop, B.A., D.H.A., published by your Association.

The Canadian Dental Association, through its Council on Hospital Services, take exception to two paragraphs of the prototype Hospital By-laws as stated in this Manual. Paragraph No. 24 under Medical Staff Privileges relate to the appointment of Dentists to the Medical Staff without admitting privileges. This is contrary to the Hospital Act of all Provinces where the Dentist is considered a valued member of the Medical Staff, and is entitled to the same admitting privileges. In the Province of Quebec these privileges are accorded to the Dentist by the Hospital Act. In those hospitals affiliated with the major teaching centres in the Province there is a well-designated department of dentistry. The Chief of the Department of Dentistry sits on the Medical Advisory Committee. It is the Chief of the Department of Dentistry, with the concurrence of the Medical Executive Committee of each hospital that designates the status and privileges which are enjoyed by the individual Dentist who is an Active Staff Member. The Chief of the Department of Dentistry is responsible to the Medical Executive Committee of the hospital. In some of the other provinces within Canada a Dentist can admit conjointly with a physician but the oral surgical or dental treatments are under the aegis of the admitting dentist. In these cases both names appear on the admission documentation.

Paragraph 71 of this same Manual relates to the responsibility of the Chief of the Department of Surgery to ascertain that all dental patients requiring anaesthesia have proper pre and post-operative care including pre-operative history and physical examination. In a well-organized Department of Dentistry these concerns lie within the responsibility of the Dentist or Oral Surgeon treating

his or her patient. Prior to anaesthesia the anaesthetist is obliged to check his patient to see that all the documentation and testing are in order, so that the patient can tolerate the general anaesthetic. This will include a history and physical examination and the proper pre-anaesthetic testing which is demanded by the Canadian Society of Anaesthetists and the individual hospital departments of anaesthesia, prior to the giving of any general anaesthetic. The pre and post-operative care of the patient is the responsibility of the admitting Dentist or Oral Surgeon.

This Manual written by Mr. Lorne Elkin Rozovsky, B.A., LL.B., a member of the Faculty of Medicine of Dalhousie University and William McKay Dunlop, B.A., D.H.A., Assistant Executive Director of the Toronto Western Hospital, shows no awareness of the practice of Oral and Maxillo-facial Surgery, its scope and privileges within the two provinces in which they reside. Dalhousie University, Faculty of Dentistry, has a Graduate Program in the Specialty of Oral Surgery, which is under the chairmanship of Dr. Frank Lovely, and situated at the Victoria General Hospital in Halifax, Nova Scotia. The Graduate Program in Oral and Maxillo-facial Surgery at Dalhousie has been given approval by the Council on Dental Education of the Canadian Dental Association. Guidelines drafted by the Canadian Manual on hospital by-laws, if followed, would have meant the rejection of the program of Oral and Maxillo-facial surgery at Dalhousie University by the Canadian Dental Association. I would recommend that Mr. Rozovsky contact Dr. Frank Lovely, so that he can get an insight into the discipline of Maxillo-facial and Oral Surgery as defined by present day standards. The Graduate Course involves a minimum of three years, and in many instances, four years of graduate study, generally within a hospital environment. This, with a research project added, results in the granting of a Master's Degree by the designated University.

Within the Province of Ontario there also exists a Graduate Program in Oral and Maxillo-facial surgery at the University of Toronto, Faculty of Dentistry. This Program involves Residents and Interns at the Toronto General Hospital and Doctors' Hospital of Toronto. The Graduate Program on Maxillo-facial and Oral Surgery at the Faculty of Dentistry, University of Toronto, is accredited by the Council on Dental Education of the Canadian Dental Association. I would recommend that Mr. William McKay Dunlop contact Dr. P.T. Smylski at the Department of Oral Surgery, Faculty of Dentistry, University of Ontario, so that he may gain some insight into what the practice of Oral Surgery and Dentistry involves. It is hoped that after a proper study of this situation is made by these two gentlemen, that the offending paragraphs will be deleted or modified so as to give proper guidance to those Canadian Hospitals that depend upon your Manual for their by-laws.

Yours truly,

Mervyn Gornitsky

Mervyn Gornitsky, B.Sc., D.D.S., F.R.C.
Chief, Department of Dentistry
Jewish General Hospital-Montreal, Que

Chairman Council on Hospital Services
Canadian Dental Association

cc: Mr. Lloyd Stevenson
Dr. Frank Lovely
Dr. P.T. Smylski

MG/cb

CANADIAN MANUAL ON

HOSPITAL BY-LAWS

BY

LORNE ELKIN ROZOVSKY, B.A., LL.B.

Departmental Solicitor

Nova Scotia Health Services and Insurance Commission

and Member of the Faculty of Medicine

Dalhousie University

AND

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Assistant Executive Director

Toronto Western Hospital

Published by:

THE CANADIAN HOSPITAL ASSOCIATION
25 Imperial Street, Toronto Ontario

PROTOTYPE HOSPITAL BY-LAWSDEFINITIONS

1. In these by-laws

- (a) "board" means the governing board of the hospital.
- (b) "hospital" means a hospital approved under the Public Hospitals Act.
- (c) "dentist" means a person licensed to practise dentistry under the Dental Act.
- (d) "medical practitioner" means a person licensed to practice medicine under the Medical Act and for the purposes of these by-laws shall be deemed to include "dentist".

A definition section allows for simplicity in the by-laws and ensures that certain words which are open to various interpretations will be interpreted in the same way throughout. References made in these by-laws to various provincial statutes must be amended to conform to the proper formal title of the legislation of the particular province in question.

The definition under section 1(c) refers to provisions in section 65 regarding the involvement of dentists in hospital operations.

OFFICERS OF THE BOARD

- 2. (1) The following shall be officers of the board:
 - (a) the president,
 - (b) the vice president,

is achieved, regardless of the committee structure. This of course cannot overrule provincial legislation which may require a specific committee structure.

MEDICAL STAFF PRIVILEGES

23. The board shall appoint such medical practitioners as it sees fit to the medical staff of the hospital, in the manner as provided in these by-laws.

This section is limited in those provinces which have legislative provisions for an appeal by a physician to an authority outside the hospital, such as the Hospital Appeal Board of Ontario (Public Hospitals Act, R.S.O. 1970, c.378, ss.47-50 as amended by S.O. 1972, C.90) and the Appeal Board under the Hospital Standards Act (Saskatchewan), (R.S.S.1965, c.265, ss.21-30 as amended by S.S. 1972, c.52).

Persons other than physicians and dentists are sometimes given certain types of limited hospital privileges when this is required. A system for screening applicants for these types of privileges should be established by the by-laws. Care should be taken not to contravene provincial legislation.

24. A dentist who is appointed to the medical staff shall not be granted admitting privileges, and treatment privileges granted shall be appropriate to the practice of dentistry.

See sections 1(c), 65 and 71 which relate to the practice of dentistry in the hospital.

25. A medical practitioner seeking appointment to the medical staff shall apply to the administrator in the form prescribed by Schedule "A" of these by-laws and in triplicate and shall attach documentary proof of registration with the provincial medical licensing authority.

63. The prospective patient shall be described as elective except where he is described as emergent or urgent.

64. In the admission of patients, the administrator or his designate shall give first priority to emergent cases, and then to urgent cases, and then to elective cases.

Admissions are granted by the hospital, not by the physician, though on the recommendation of a physician.

RESPONSIBILITY FOR TREATMENT

65. Every patient in the hospital shall be in the care of a member of the medical staff who is a physician and who shall be responsible for the overall medical care of the patient.

This section overcomes the problem of responsibility of dental patients who must be under the overall responsibility of a physician. The dentist however, remains responsible for the dental care provided to the patient. See s.1(c), 24 and 71.

66. The medical staff member on whose recommendation the patient has been admitted shall continue to be the medical staff member responsible for the patient until such time as another medical staff member assumes responsibility for the patient, and any staff member who has once assumed responsibility for the patient shall continue to be responsible for the care of the patient until some other staff member has assumed responsibility for the patient.

67. The transfer of responsibility from one medical staff member to another shall be acknowledged by the referring staff member and the receiving staff member on the patient's chart.

This is to assure that every patient in the hospital is at all times the responsibility of an attending physician. This is extremely important especially in larger hospitals and in teaching hospitals. A section of this type is required by the British Columbia Hospital Act Regulations (B.C. Reg. 289/73)s.6.

68. Where a person is admitted to the emergency department of the hospital, he shall be the responsibility of the medical practitioner assigned to the emergency department at the time until such time as another medical practitioner assumes responsibility for the patient.
69. Where a person who presents himself or is brought to the emergency department indicates that he wishes to be treated by a particular medical practitioner, the person in charge of the emergency department shall forthwith advise such medical practitioner who may assume the care and responsibility of such person provided that he has appropriate treatment privileges at the hospital.
70. Where a person who presents himself or is brought to the emergency department does not indicate that he wishes to be treated by a particular medical practitioner, or where a medical practitioner does not immediately assume the care and responsibility of the person, the medical practitioner assigned to the department at the time shall be responsible for the care and treatment of such person, but may refer such person to another member of the medical staff.

Responsibility of the medical practitioner on call does not end until the medical practitioner to whom he has referred the patient assumes responsibility under section 66.

71. It shall be the responsibility of the head of the department of surgery to ascertain that all dental patients requiring anaesthesia have proper pre and post-operative care including pre-operative history and physical examination.

In a non-departmentalized hospital some other member of the medical staff should be assigned this responsibility.

72. (1) A department head shall be responsible for reporting monthly in writing to the Medical Advisory Committee.
- (2) A medical department shall be responsible for all departmental review, particularly with reference to clinical appraisal of overall performance in the diagnosis and treatment of specific illnesses and surgical conditions.
- (3) A department head shall have the authority and the responsibility for the supervision over any matter affecting the admission, treatment and discharge of any patient within his department.

INFORMATION SERVICES

MEMBERS: A.E. MacLeod, Chairman, Halifax; R. Ellis, Toronto;
E. Freidin, Saskatoon, P. Morin, Montréal; D. Scramstad,
Surrey; M. Tremblay, Montréal; G. Utas, Executive Liaison,
Grande Prairie.

Members of Committee on Product Acceptance: (Sub-Committee of Council)

B. Chapple, Chairman, Port Hope; R. Barolet, Québec City;
G. Nikiforuk, Toronto; R. Roydhouse, Vancouver; J. Stamm,
Montréal; W. Sturtridge, Toronto; I. Vogan, Halifax.

REPORT:

COUNCIL MEETINGS:

Since the Interim Board meeting in March, Council met on May 10, and 11;
the Committee on Product Acceptance met on April 21 and June 16, and
the Dental Health Month Workshop for 1979 took place on May 12.

REVIEW OF CDA'S PAMPHLETS AND BROCHURES:

This extensive review continues to be administered under the leadership
of Dr. Earl Freidin. The sequence of steps taken in the review process
are:

1. Comments on old pamphlet obtained by Dr. Freidin from Corporate
Members plus specialist and auxiliary groups is involved in topic.
2. Pamphlet revised by Dr. Freidin in the light of above comments.
3. First draft of new pamphlet sent to Houston Group.
4. Houston Group's suggested format sent to Corporate representatives
for comments.
5. Dr. Freidin incorporates these comments as he judges best and
presents this draft to Council on Information Services for evaluation.
6. Latest draft approved by Council.
7. Houston Group obtain printing quotations and print approved draft.
8. This draft goes to Executive Council for their approval.
9. The "Executive approved" draft is translated into French.
10. Order to print pamphlets given by the Executive Director.

PUBLICISING PAMPHLETS:

Council considers placing new pamphlets in the C.D.A. Journal as an insert is a useful way to advise members of their availability.

Council recommends:

That all revised pamphlets be incorporated into the Journal (similar to the Mouth Protection pamphlet) as a method of publicising them to the profession.

Executive Council agrees and refers it to the Ad Hoc Committee on the Journal.

C.D.A. REGISTERS:

The Board agreed.

Council is reviewing those registers which used to list statistics on dental school enrolments, funding, etc. It is understood that they are of value to corporate bodies, C.D.A. officials, etc., in negotiations with government. At the present time it is the view of Council that they should be updated on a regular basis. Council is looking into the possibility of the Association of Canadian Dental Faculties taking on this task.

C.D.A. FILM LIBRARY:

Council noted the Board of Governors approval, at the March meeting, of the idea of revising the CDA film library towards maintaining only those films which are not readily available from other institutions, e.g. dental schools, advertising the source availability of dental films to CDA members, and obtaining for CDA members group rate membership in the National Film Library. The following recommendations express the spirit of Council's thinking on the CDA Film Library.

Council recommends:

That the CDA obtain and maintain a list from all Canadian Dental Schools, and federal and provincial health departments, of audio-visual aids that can be made available to dentists and institutions.

Council recommends:

That to facilitate efficient distribution by Modern Talking Picture Services, CDA purchase new copies and retain existing copies of the following films:

- 1. The Challenge of Dentistry.*
- 2. Why Fluoridation?*
- 3. Think About It (Prevention)*
- 4. Do It Yourself (Prevention)*

The Board agreed.

C.D.A. FILM LIBRARY: cont'd

Council recommends:

That all films in possession of Modern Talking Pictures Service that will not be used by the CDA (four English and one French) be returned to CDA Headquarters for disposal.

The Board agreed.

Council recommends:

That a sale advertisement be placed in the CDA Journal and elsewhere to dispose of currently owned CDA films (approximately thirty-five films).

The Board agreed.

Council recommends:

That CDA investigate the cost of adding a short Canadian introduction and ending to the films obtained from the American Dental Association.

The Board agreed.

Council recommends:

That CDA arrange with the American Dental Association the right to place CDA's introductions and endings for each of the following films:

*The Challenge of Dentistry
Why Fluoridation?
Fluoridation: A White Paper.*

The Board agreed.

Council recommends:

That after all aspects of revision of the Film Service have been updated' that

- (a) The CDA arrange with corporate members and the Journal to publicise this service within the profession, and*

The Board agreed.

Council recommends: (cont'd)

- (b) *That a public relations firm be contacted to prepare an advertising scheme outside the profession for use of these films, e.g. schools, communities, etc. contemplating fluoridation.*

Executive disagrees and refers this to the new Director of Communications.

The Board agreed.

DENTAL HEALTH MONTH 1978:

The 1978 program across the country followed the traditional pattern of the past, except the CDA took a more active role in the production of materials - e.g. planning kits. In addition, through the annual Workshop in Ottawa, considerable information was exchanged between corporate member representatives. Co-ordination of materials and information is carried out by Dental Health Month's national Chairman, Don Scramstad, Council Member from Surrey, British Columbia.

DENTAL HEALTH MONTH 1979:

Council agrees with the view of Dr. Scramstad that our annual program is not reaching a wide enough segment of the population. As a result of considerable discussion and soliciting of views from representatives across the country, Council came to the conclusion that television was the most likely medium to help increase the effect of our Dental Health Month message. In their discussion Council noted the following points:

1. Television commercials are costly to produce.
2. The Ontario Dental Association has already entered this field.
3. The National Chairman has special knowledge of the Vancouver firm which produced the 1978 planning kit.
4. C.D.A. should encourage competition from another source for this important item.
5. Decisions involving the 1979 program would require to be made by July, 1978.
6. Council would not normally meet until after the September meeting of the Board of Governors.
7. The Executive Council and Management Committee would be supplied with the necessary information upon which decisions could be made.

INFORMATION SERVICES

The following motions express Council's feelings on the TV commercial issue.

Council recommends:

- * That CDA produce TV and radio commercials available for April 1979 to promote good dental health.

The Board disagreed and approved the following:

RESOLVED

That CDA accept in principle the production of TV and Radio commercials to promote good dental health.

ADOPTED

Council recommends

- * That further to \$950.00 for preliminary creative work from Printpac, another \$1,050.00 be expended to Printpac to complete all the necessary creative work for the TV campaign which will be presented for approval of the Board of Governors in September 1978. This further money is to be released subject to approval by Executive Council in July 1978.

Executive Council refuses to comment until more information is provided and that up to \$3,000 be provided to make a presentation to the Board in September and further that Dr. Scramstad be authorized to attend the Board of Governors meeting to make his presentation.

Council recommends

That Management Committee approve the cost of Printpac Marketing's initial work for our 1979 commercial.

Executive Council disagrees and awaits Board presentation.

Council recommends

That the Houston Group be asked to provide preliminary advice and estimated costs in connection with a TV commercial by July 1, 1978.

Executive disagrees and awaits Board presentation.

Dr. Scramstad gave his presentation to the Board and the following resolution was put forward:

RESOLVED

That the Board approve the expenditure of funds necessary to produce the proposed TV and Radio programs to a limit of \$30,000.00.

DEFEATED

- * June 16, 1978: The Chairman of Council advised by the Chairman of Dental Health Week/Month that the proposals for the 1979 TV commercial have been examined and the recommendation is for acceptance of the Printpac proposal.

COMMITTEE ON PRODUCT ACCEPTANCE:

Appendix 1

As a consequence of the Board of Governors' decision that CDA maintain a Seal of Approval program, the Committee on Product Acceptance reformed on April 21, one year after its first meetings on April 7, 1977. The Committee noted the Board's wish that it confine its attention to the consideration of dentifrices only. At the present time the Committee is assimilating the characteristics of the revised Seal of Approval program, as determined by the Board of Governors at their March meeting. The Committee understand that the principal purpose of their efforts will be supplying facts to the public which will permit individuals to make informed choices. The purpose of our Seal program is not to help a company market its product.

The Committee invited the Canadian Radio and Television Commission to be represented at the April 21 meeting to discuss possible co-operation between C.D.A. and the C.R.T.C. to better monitor media advertising of dentifrices. Mr. Ferrier Director of the Bureau of Drug Surveillance, Department of Health and Welfare, attended and explained C.R.T.C. policy in this area. It looks as though useful co-operation will occur after further discussions have taken place.

The legal contract with the companies is proceeding towards final formation. Negotiations are being handled by Lloyd Stevenson, Brad Chapple and Dick Roydhouse.

Executive Council suggests that the President of CDA, Mr. L. Stevenson and lawyers meet with the companies to finalize the contract.

CHAIRMANSHIP OF THE COMMITTEE ON PRODUCT ACCEPTANCE:

Dr. Roydhouse resigned as Chairman in January 1978 and the Chairman of Information Services Council served as interim Chairman for the April 21, meeting to assist the committee to restart its work under the revised formula determined by the Board of Governors in March 1978. It soon became clear that no committee member wanted to be Chairman. Council is grateful that under these circumstances Dr. Chapple kindly volunteered to assume this task.

The time involved in evaluating applications, not to mention the special skills required, was an issue discussed by the Committee. It was felt that since this work was being directly commissioned by C.D.A., some recompense was appropriate.

Executive Council refers this to the Ad Hoc Committee on Per Diems for study.

Council recommends:

That persons acting on behalf of the Association at Presidential directive be paid a per diem allowance.

Executive Council notes that this is CDA policy.

INFORMATION SERVICES

LIAISON BETWEEN COUNCIL AND COMMITTEE ON PRODUCT ACCEPTANCE:

Council has advised its sub-committee that a new style of relationship between the Committee and the companies is necessary. In essence a "hands off" relationship will have to be practiced. Communication will now be achieved by letter or meetings in CDA's Ottawa Headquarters. In special circumstances only, will personal meetings take place elsewhere.

Council is investigating the practicality of having a Council member participate in the Committee's meetings to facilitate communication between Council and its sub-committees, along the lines of Council's Executive Liaison. Dr. R. Ellis of Toronto has kindly agreed to take on this task for an experimental period.

DIRECTOR OF COMMUNICATIONS:

Council is pleased that a search has been initiated to fill this position. It feels that such a person could do much to speed up the Communiqués flow of fresh information to the membership across the country. Council assumes that much of the routine work of The Houston Group will be done by the Director of Communications.

Council recommends:

That as a Director of Communication is to be added to the staff, The Houston Group contract not be renewed in its present form, but that a public relations firm be hired on a requirement basis.

Executive Council advised that the Director of Communication has been hired and that the contract with The Houston Group is under review.

JOURNAL OF THE CANADIAN DENTAL ASSOCIATION:

Council continues to be concerned by the low level of vitality of CDA's Journal as compared with other journals in our profession. Council looks forward eagerly to the completion of the report of Executive Council's ad hoc committee on the Journal.

Executive Council referred this to the Ad Hoc Committee looking into the Journal.

ACKNOWLEDGEMENTS:

The present members of Council are completing their first year of service. Their work has been smoothed considerably by the energetic effort and co-operation of Marie Cosgrave, Public Information, C.D.A., George Watts, Director of Administration, C.D.A., and Lloyd Stevenson, Executive Director, C.D.A.

Executive Council thanks Information Services for their report.

RESOLVED

That this report be accepted, with the deletion of page 2 of Appendix 1 of this report.

ADOPTED

COMMITTEE ON PRODUCT ACCEPTANCE

Meetings of the Committee on Product Acceptance were held on April 21, 1978 and June 16, 1978. Mr. Lederman, (C.D.A. lawyer from Gowling & enderson) was present on June 16, 1978 to discuss our revisions to the legal agreement that will be used as a signed document in our Seal of Recognition Program.

The following revisions were made in our documents to be used in the Seal of Recognition Program as a result of the above meetings.

A) Seal of Recognition: Procedures and Provisions

This document was revised as per Appendix A and accepted as completed by this committee.

B) Legal Agreement and Memorandum of Understanding

These documents were discussed at length at both meetings and in consultation with our C.D.A. lawyer, Mr. Lederman. Mr. Lederman was asked to take all the comments of the committee and produce a final draft. Revisions are as per Appendix B and the completed document is enclosed. The committee accepted the document as it will be up to the lawyers to express our wishes in legal terms.

C) Guidelines on Product Advertising

The only major change in this document to date is the wording used beside our Seal in all advertising. It was the committee's wish that the C.D.A. recognize only the effect of the therapeutic agent in the product rather than the whole product itself. By doing this we are removing the C.D.A. from any commercial involvement with the companies involved. The statement was changed from:

"Brand X has been shown to be an effective decay-preventive (or anti-carries) dentifrice (or agent) if it is regularly used in a carefully applied program of oral hygiene and accompanied by regular professional care. Canadian Dental Association."

to:

"This product contains X fluoride in a formulation which, in our opinion, is an effective decay preventive agent when used in a conscientiously applied program of oral hygiene and regular professional care. Canadian Dental Association."

Any further changes in our advertising guidelines on August 2, 1978 will follow the philosophy of the committee as stated above.

June 21 1978

To C.D.A. Executive Council:

You have before you proposals for the production of T.V. and radio messages for use across Canada in Public Service Announcements. I feel that this is the best way to reach the masses of Canadians who do not visit dental offices regularly and who may not be receptive to conventional Dental Health education methods.

I recommend that we accept the proposal by Printpac Marketing Ltd. for the following reasons:

1. They handled our 1978 art and printing campaign very professionally and at reasonable cost.
2. The form of their proposal indicates that they are confident that they can produce first class results and that they are very keen on continuing their work with C.D.A.
3. The production and artistic personnel are readily available in Vancouver.
4. They have shown that they wish to work closely with me as a representative of C.D.A. to ensure that the final product is exactly what we want. (in this respect, communication is much better with me living in the same city)
5. The cost in their proposal is in line with what the Houston Group suggests for this type of coverage. (in fact it is lower)
6. In the past, working with the Houston Group has not proved fruitful.

I would like to note that the subject matter in the proposal may or may not be used. There are many areas which could be covered (such as perio, teen-agers, etc.). The actual content of the messages will be decided after further discussion with provincial Dental Health Week chairmen. The final couple of seconds would have identification of the provincial bodies and the C.D.A.

In order to insure that the production is complete in plenty of time for proper distribution and introduction in April, 1979, a pre-payment according to the contract would allow Printpac to make the costume and get the creative work done. Also, a demonstration tape using the character (as yet unnamed) could be made (at no extra cost in the overall production) which could encourage dentists and auxiliaries to take an active part in Dental Health Week '79. This tape would be shown on a continuous run basis in the C.D.A. booth at the Winnipeg convention - a great way to get more involvement within the profession.

All in all, I'm enthusiastic about the concept of T.V. and radio messages so that the Canadians will know that there is such a thing as Dental Health Week, and become more aware of the advantages of good dental health.

Respectfully submitted.

A handwritten signature in cursive script, appearing to read 'W.D. Scramstad', written in dark ink.

W.D. Scramstad, D.D.S.

LEGISLATION

MEMBERS: R.G. Balderson, Chairman, Ottawa
O.H. Phillips, Ottawa
G.C. Travis, Ottawa

R E P O R T

1. The Registrars of all Corporate Members as well as Veteran Affairs, National Defence, and Health and Welfare Canada have been most co-operative in supplying information to this council for its annual report.
2. A meeting of this Council was held on June 5th to review information received to that date.
3. A summary of the Provincial reports, listed geographically from East to West, as well as of the other reports follows:

NEWFOUNDLAND:

4. There are no changes in legislation being considered as far as the Dental Act is concerned for this year.
5. The Provincial Government is still considering an Act of some kind to legalize denturists. This has been promised for some time now and indications are that the profession will not get exactly what they would like or even worse.

NOVA SCOTIA:

6. There are no legislative changes on the way or contemplated in the near future in the Nova Scotia Dental Act.

PRINCE EDWARD ISLAND:

7. There have been no changes in legislation and none are being considered in the Dental Act.

NEW BRUNSWICK:

8. There has been a draft report prepared on a Radiation Protection Act and the Health Professions are currently waiting on a second draft which will contain ideas and suggestions from the various medical-dental groups concerned.
9. Some ground work is being done by several professions in regard to incorporation of private practices but this is in the very initial stages.

LEGISLATION

QUEBEC:

10. Nothing indicating any changes in the Dental Act has been received.
11. A copy of the Professional Inspection Legislation from the Québec Official Gazette has been received and reviewed by the Council. This document is too lengthy to report here and copies of same can be obtained by writing C.D.A. Headquarters in Ottawa. In summary a Professional Inspection Committee has been established to supervise the practice of the Profession and to inspect the record books and registers of the dentists. At the request of the Bureau (Board of Governors) or on the decision of the Committee or one of its members, an inquiry may be made of the professional competence of a dentist. In this regard experts or investigators may be utilized. Upon recommendation of the Committee the Bureau can oblige a member of its Corporation to serve a period of refresher training and limit his right to practice during this period.

The Ordre des Dentistes du Québec reports no important change in legislation has taken place in that Province during the past year. The Ordre has made many By-Law changes and new By-Laws but while these have been published in the Québec Official Gazette as projected, they have not received government approval so final publication making them law is awaited. A copy of the Québec Official Gazette is being forwarded to our Council.

ONTARIO:

12. No changes in legislation are anticipated in Ontario until the Fall, when it is planned to introduce in the Legislature several "housekeeping" items regarding the Health Disciplines Act. These include slight changes in wording to clarify certain sections which at present are somewhat ambiguous.
13. Later this year the R.C.D.S. will ask for some minor changes in the regulations and these are mainly to prevent any misunderstanding of the intent of the regulations.
14. One other change has to do with some alterations in the duties of auxiliaries. Nothing specific has so far been identified and our Council will be notified at a later date.

MANITOBA:

15. The Legislature did not pass any legislation during their 1977 session that would appear to have any influence on the practice of Dentistry.
16. By-Laws in Manitoba do not have to receive approval by the government but by the M.D.A. membership.

LEGISLATION

MANITOBA: cont'd

17. A new By-Law was passed by the Board of Directors of the Manitoba Dental Association on the 29th of December, 1977. By-Law 15-78 is a By-Law to provide for regulation of the delegation of certain duties or functions requiring the knowledge and skill of a dentist. In summary no member of the association shall delegate by prescription or otherwise to a Dental Technician, Dental Mechanic, or any other non-dentist who is not an employee in the members office and under his supervision and control and who has not been formally trained in a course approved by the association for the performance of such function, any of the necessary procedures in the construction, supply, duplication, fitting, adjusting, or inserting of any appliance that is to be worn in an arch that contains live teeth, except insofar as it entails the technical laboratory non-patient procedures as detailed in a laboratory prescription signed by such member. The same applies for immediate dentures meaning a denture constructed before the remaining teeth are removed from said arch.
18. The delegation by prescription or otherwise by a member of any of the procedures, matters, or things prohibited above shall be deemed to be professional misconduct.
19. Any member found guilty of professional misconduct as defined herein may be subject to any of the penalties set out in the Dental Association Act.

SASKATCHEWAN:

20. A new Dental Profession Act has received second reading in the Spring session of the legislature.
21. The new Act provides for many changes including:
 - (a) An expanded Council will see voting representatives from the Provincial Dental Hygienists' Association, Dental Nurses and Assistants Association, and the College of Dentistry. The public will be represented by one or two lay members who will be appointed by the Lieutenant Governor in Council. The Canadian Dental Association representative from Saskatchewan will also be a voting member.
 - (b) The College will be given more disciplinary powers than contained in the present Act.
 - (c) Statutory power to introduce mandatory continuing education will be made available to the College.
 - (d) All regulations, excluding those of an administrative nature must be approved by the Minister of Health.

LEGISLATION

SASKATCHEWAN: cont'd

21. (e) The Council has the right to establish an Executive Committee of Council, however this Council does not have the right to make or repeal any regulation.
- (f) The present By-Laws remain in effect for up to one year following proclamation of the Act.
22. The Medical Care Insurance Commission (MCIC) has changed two of their regulations pertaining to the Dental Profession effective January 1st, 1978.
 - (1) MCIC will now pay directly for service as rendered by Oral Radiologists who have been certified by the College of Dental Surgeons of Saskatchewan.
 - (2) The referral clause for the Oral Surgery items covered by MCIC have been removed. This referral clause remains in effect for the aspects of Cleft Palate treatment that are covered by MCIC.
23. The only By-Law change since the last annual council meeting was to change the annual licence fee for certified dental assistants.
24. The legislature has given second reading to an amendment to the Dental Nurses Act. This effectively permits dental nurses to be employed and work under the supervision of a dentist in a private practice situation. It would also allow the College of Dental Surgeons of Saskatchewan to make regulations governing their employment. This amendment was proposed by the Minister of Health.

ALBERTA:

25. An amendment to By-Law 6 (1) re: Fees, was approved to make the annual fee payable for 1978, \$450.
26. An amendment to By-Law 13 (6) re: Specialists and specialization was approved which makes the specialties of Oral Radiology and Dental Public Health now recognized in Alberta, bringing the total to nine recognized specialties.
27. An amendment to By-Law 16 (6) (1) re: Continuing Education, concerning a change in the reporting date by A.D.A. members to February 28th of each year. This relates to mandatory continuing education requirements in Alberta.
28. A government report on Professions in the Province is still being awaited.

LEGISLATION

BRITISH COLUMBIA:

29. Two amendments to the Dentistry Act have been proposed by the College and are under consideration by the government:
 - (1) The creation of an Academic Membership in the College to allow full time senior members, who do not meet the usual requirements for registration, to practice part time in order to maintain their clinical skills.
 - (2) To give the College specific authority to regulate advertising by members of the College, and to give the College specific authority to publish advertisements relating to Dentistry. Such specific provincial legislation would supercede federal legislation concerning professional advertising.

NATIONAL DEFENCE:

30. No new legislation has been passed or is being considered that involves Dentistry.
31. Dental Officers in the Department of National Defence, as salaried dentists, would like to see legislation to allow those Dental Officers who attend dental conventions, currently at their own expense, to be able to deduct such expenses from income for tax purposes.

VETERANS AFFAIRS:

32. From general information the Department administers the dental program to provide care to eligible veterans, members of the Royal Canadian Mounted Police, students under the auspices of the Canadian International Development agency, Canada Council Award holders, candidates of CUSO returning from foreign assignments, and groups at the request of other government departments. There are 16 departmental clinics in larger centres of population, and arrangements are made for rendering treatment by private practitioners in centres not sufficiently large to warrant government clinics. In 1976-77 33,700 patients received treatment, 18,270 in these clinics. Fees for dental service are negotiated with the individual Provinces and are regulated by Provincial Fee Guides. The Department recognizes licenced denture therapists, denturists, denturologists and dental mechanics and once the eligible veteran or qualified person obtains a certificate of oral health clearance from a dentist they can obtain a prosthesis from this group.

HEALTH AND WELFARE

33. Three sizeable papers were received from the Department of National Health and Welfare. Two items of interest to this Council are summarized.

LEGISLATION

HEALTH AND WELFARE: Cont'd

34. The Canadian Human Rights Act, Vol. 2, No. 7, Canada Gazette Part III, Chapter 33.
- (1) It is discriminatory practice in the provision of goods, services, facilities or accommodation customarily available to the general public:
 - (a) To deny, or to deny access to, any such good, service, facility or accommodation to any individual, or
 - (b) To differentiate adversely in relation to any individual on a prohibited ground of discrimination.
 - (2) It is discriminatory practice, directly or indirectly,
 - (a) To refuse to employ or continue to employ any individual, or
 - (b) In the course of employment, to differentiate adversely in relation to an employee,

on a prohibited ground of discrimination.
 - (3) It is discriminatory practice
 - (a) To use or circulate any form of application for employment, or
 - (b) In connection with employment or prospective employment,
 - (i) to publish any advertisement, or
 - (ii) to make any written or oral enquiry that expresses or implies any limitation, specification or preference based on a prohibited ground of discrimination.
35. The Medical Research Council has extended the provisions of its Development Grant Program to permit longer periods of salary support for new members at schools eligible for such grants. Council is determined to do whatever it can to assist in reducing the disparity in the research effort of health professional schools across the country. It is hoped that this new policy will give greater encouragement to eligible schools of medicine, dentistry, and pharmacy in their attempts to recruit additional faculty with competence and a strong commitment to research.
- ROYAL COLLEGE OF DENTISTS OF CANADA:
36. The College reports that no changes at the Federal level have taken place during the past year which affect the Royal College. Some minor changes of a housekeeping nature only recognize the new specialties.

LEGISLATION

NATIONAL DENTAL EXAMINING BOARD OF CANADA:

37. The National Dental Examining Board of Canada reports that it has not been involved in any changes at the Federal level affecting them during the past year.
38. This Council is most appreciative for the information provided by the various bodies from whom it was requested, and wishes to thank them accordingly.

*Executive Council received this report as information
and thanks the Chairman.*

RESOLVED

That this report be accepted.

ADOPTED

Members:	Dr. R.L. Moran	President-Elect - Chairman
		Toronto
	Dr. D.L. Rife	President, Toronto
	Dr. M.J. Cripton	Past-President, Moncton

R E P O R T

A. 1977 AUDITED REPORT SUMMARY

	<u>1977</u>	<u>1976</u>
Revenue	1,191,306	997,730
Expenditure	1,043,789	885,247
Surplus	147,517	112,483
Working Capital	258,260	431,037
Reserve Fund	275,723	260,723
Convention	28,617	17,350

B. 1978 FINANCIAL STATEMENTS TO MAY 31st

1. Summary Statement of Revenue and Expenditure
2. Comparative Statement of Revenue
3. Comparative Statement of Expenditure
4. Statement of Revenue and Expenditure - Journal

C. 1979 BUDGET

1. Summary Statement of Revenue and Expenditure
2. Comparative Statement of Revenue Detail
3. Comparative Statement of Expenditure Detail
4. Statement of Revenue and Expenditure - Journal
5. Statement of Revenue - Membership Fees
6. Statement of Revenue - Corporate Fees
7. Comparative Statement of Meetings and Travel Expenditure

D. SIGNING OFFICERS

1. Royal Bank of Canada

CANADIAN DENTAL ASSOCIATION
AUDITED FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 1977

Auditors' Report

Balance Sheet

Statement of Revenue and Expenditure

Statement of Surplus

Statements of Continuity of Trust Funds

Statement of Changes in Financial Position

Notes to Financial Statements

Schedules

Various Revenue Sources

Various Expenses

CDA Journal

DATP Revenue and Expenditure Statement

CDA World Dental Congress

Canadian Dental Research Foundation

Thorne
Riddell
& Co.

CHARTERED ACCOUNTANTS

AUDITORS' REPORT

To the Members of the
Canadian Dental Association

We have examined the balance sheet of the Canadian Dental Association as at December 31, 1977 and the statements of revenue and expenditure, surplus, revenue and expenditure and surplus of the Library Trust Fund and The Grieve Memorial Lectureship Fund and changes in financial position for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances except that we were unable to verify membership fees, grants and subscriptions beyond ensuring that all receipts recorded in the accounting records were deposited in the bank.

In our opinion, except for the effect, if any, of the limitation in the scope of our examination referred to in the preceding paragraph, these financial statements present fairly the financial position of the Association as at December 31, 1977 and the results of its operations and the changes in its financial position for the year then ended in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.



Ottawa, Canada
March 31, 1978

Chartered Accountants

MANAGEMENT COMMITTEE

CANADIAN DENTAL ASSOCIATION
(Incorporated without share capital under the laws of Canada)

BALANCE SHEET AS AT DECEMBER 31, 1977

ASSETS

	<u>1977</u>	<u>1976</u>
CURRENT ASSETS		
Cash		\$ 88,165
Guaranteed investment certificates	\$ 422,700	505,000
Accrued interest	2,785	3,397
Accounts receivable	76,852	70,671
Due from trust funds	15,209	
Prepaid expenses	<u>9,128</u>	<u>14,362</u>
	<u>526,674</u>	<u>681,595</u>
FIXED ASSETS (note 2)		
Land, building, furniture and equipment	1,498,684	1,415,611
Less accumulated depreciation	<u>90,331</u>	<u>50,949</u>
	<u>1,408,353</u>	<u>1,364,662</u>
DEFERRED CHARGES - WORLD DENTAL CONGRESS (note 3)		<u>37,593</u>
	<u>1,935,027</u>	<u>2,083,850</u>

TRUST ASSETS

Cash	7,650	6,726
Guaranteed investment certificates	46,843	46,843
Accrued interest	1,002	817
Furniture and fixtures, at cost less accumulated depreciation	<u>4,148</u>	<u>4,295</u>
	<u>59,643</u>	<u>58,681</u>
	<u>\$1,994,670</u>	<u>\$2,142,531</u>

Approved by the Board

Member

Member

LIABILITIES AND SURPLUS

	<u>1977</u>	<u>1976</u>
CURRENT LIABILITIES		
Bank indebtedness	\$ 110,767	
Accounts payable and accrued liabilities	90,290	\$ 82,704
Deferred revenue	63,676	9,176
Holdbacks payable on Ottawa building		153,620
Principal due within one year on long term debt	<u>3,681</u>	<u>5,058</u>
	<u>268,414</u>	<u>250,558</u>
LONG TERM DEBT (note 4)		
Mortgages and loans payable	<u>477,746</u>	<u>808,892</u>
SURPLUS	<u>1,188,867</u>	<u>1,024,400</u>
	<u>1,935,027</u>	<u>2,083,850</u>

TRUST LIABILITIES

Accounts payable	295	10,140
Due to the Canadian Dental Association	15,209	
Library Trust Fund	37,761	42,172
The Grieve Memorial Lectureship Fund	6,378	6,369
	<u>59,643</u>	<u>58,681</u>
	<u>\$1,994,670</u>	<u>\$2,142,531</u>

MANAGEMENT COMMITTEE

CANADIAN DENTAL ASSOCIATION
STATEMENT OF REVENUE AND EXPENDITURE
YEAR ENDED DECEMBER 31, 1977

	<u>1977</u>	<u>1976</u>
Revenue		
Membership fees	\$ 758,677	\$ 521,970
Publications	18,241	17,463
Grants	48,184	71,631
Investment income	52,356	35,191
CDA Journal	207,305	219,566
National Convention		127,160
Other	7,005	2,144
Rents	20,446	1,905
World Dental Congress (note 3)	28,617	
Dental Aptitude Test Program	50,475	
	<u>1,191,306</u>	<u>997,030</u>
Expenditure		
Annual board meeting	42,724	30,606
Honoraria	45,300	23,100
Salaries and employee benefits	152,155	168,959
Grants and funded programs	52,288	68,161
General and administrative	87,263	51,904
Professional services	37,594	20,463
Publications and membership promotion	48,558	22,441
Travel, meetings and council expenses	116,357	54,769
Premises	189,946	126,965
CDA Journal	223,052	207,369
National Convention		109,810
Dental Aptitude Test Program	48,552	
	<u>1,043,789</u>	<u>884,547</u>
EXCESS OF REVENUE OVER EXPENDITURE	<u>\$ 147,517</u>	<u>\$ 112,483</u>

CANADIAN DENTAL ASSOCIATION

STATEMENT OF SURPLUS

YEAR ENDED DECEMBER 31, 1977

	<u>1977</u>				<u>1976</u>
	<u>Unappropriated</u>	<u>General reserve</u>	<u>Dental Aptitude Test Program</u>	<u>Total</u>	<u>Total</u>
BALANCE AT BEGINNING OF YEAR	\$ 763,677	\$ 260,723		\$1,024,400	\$ 692,535
Gain on sale of fixed assets					219,382
Dental Aptitude Test Program (note 5)			\$ 16,950	16,950	
Excess of revenue over expenditure	<u>145,391</u> 909,271	<u>260,723</u>	<u>18,873</u> 18,873	<u>147,517</u> 1,188,867	<u>112,483</u> 1,024,400
Transfer to general reserve (15,000)				(15,000)	(223,584)
Transfer from unappropriated		<u>15,000</u>		<u>15,000</u>	<u>223,584</u>
BALANCE AT END OF YEAR	<u>\$ 894,571</u>	<u>\$ 275,723</u>	<u>\$ 18,873</u>	<u>\$1,188,867</u>	<u>\$1,024,400</u>

MANAGEMENT COMMITTEE

CANADIAN DENTAL ASSOCIATION

LIBRARY TRUST FUND
STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED DECEMBER 31, 1977

	<u>1977</u>	<u>1976</u>
Revenue		
Interest income	\$ 3,542	\$ 3,542
Gain on sale of books		458
	<u>3,542</u>	<u>4,000</u>
Expenditure		
Apportionment of librarian's salary	6,970	4,724
Binding books and journals	79	227
Depreciation	524	486
Office supplies and expense	77	269
Subscriptions	303	530
Cost of moving to Ottawa		<u>1,143</u>
	<u>7,953</u>	<u>7,379</u>
EXCESS OF EXPENDITURE OVER REVENUE	4,411	3,379
Surplus at beginning of year	<u>42,172</u>	<u>45,551</u>
SURPLUS AT END OF YEAR	<u>\$ 37,761</u>	<u>\$ 42,172</u>

THE GRIEVE MEMORIAL LECTURESHIP FUND
STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED DECEMBER 31, 1977

	<u>1977</u>	<u>1976</u>
Revenue		
Investment interest	\$ 288	\$ 288
Bank interest	29	16
	<u>317</u>	<u>304</u>
Expenditure		
Orthodontic Section of Canadian Dental Association	<u>308</u>	<u>300</u>
EXCESS OF REVENUE OVER EXPENDITURE	9	4
Surplus at beginning of year	<u>6,369</u>	<u>6,365</u>
SURPLUS AT END OF YEAR	<u>\$ 6,378</u>	<u>\$ 6,369</u>

CANADIAN DENTAL ASSOCIATION
STATEMENT OF CHANGES IN FINANCIAL POSITION
YEAR ENDED DECEMBER 31, 1977

	<u>1977</u>	<u>1976</u>
FINANCIAL RESOURCES DERIVED FROM		
Operations	\$186,899	\$149,892
Proceeds from sale of fixed assets		344,976
Dental Aptitude Test Program (note 5)	16,950	
Proceeds from long term debt		482,892
Deferred charges - World Dental Congress	<u>37,593</u>	
	<u>241,442</u>	<u>977,760</u>
FINANCIAL RESOURCES APPLIED TO		
Additions to fixed assets	83,073	633,753
Reduction in long term debt	331,146	
Deferred charges - World Dental Congress	<u>414,319</u>	<u>30,856</u>
		<u>664,609</u>
INCREASE (DECREASE) IN WORKING CAPITAL	(172,777)	313,151
WORKING CAPITAL AT BEGINNING OF YEAR	<u>431,037</u>	<u>117,886</u>
WORKING CAPITAL AT END OF YEAR	<u>\$258,260</u>	<u>\$431,037</u>

CANADIAN DENTAL ASSOCIATION
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 1977

1. ACCOUNTING POLICIES

(a) Revenue recognition

Membership fees are remitted by the provincial associations and recognized as revenue for the fiscal year to which they apply. Subscriptions to the CDA Journal and grants are recognized as revenue when received.

(b) Fixed assets

All fixed assets are stated at cost. Depreciation is provided on the straight-line basis using the following annual rates:

Building	2½%
Furniture and equipment	10%

2. FIXED ASSETS

	1977			1976
	<u>Cost</u>	<u>Accumulated depreciation</u>	<u>Net</u>	<u>Net</u>
Land	\$ 81,755		\$ 81,755	\$ 81,755
Building	1,344,838	\$ 65,613	1,279,225	1,247,709
Furniture and equipment	<u>72,091</u>	<u>24,718</u>	<u>47,373</u>	<u>35,198</u>
	<u>\$1,498,684</u>	<u>\$ 90,331</u>	<u>\$1,408,353</u>	<u>\$1,364,662</u>

Depreciation expense, 1977, \$39,382 (1976, \$37,409).

3. WORLD DENTAL CONGRESS

The Association hosted the World Dental Congress in Toronto, Canada in October 1977.

The deferred charges at December 31, 1976 have been recognized as expenditures of the Congress in 1977.

In accordance with an agreement with the Fédération Dentaire Internationale, seventy-five percent of the excess of receipts over disbursements which amounts to \$28,617 is recorded as revenue of the Canadian Dental Association.

CANADIAN DENTAL ASSOCIATION
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 1977

4. LONG TERM DEBT

	<u>1977</u>	<u>1976</u>
9½% First mortgage, amortized to February 28, 2001	\$481,427	\$487,950
12% Second mortgage, due February 28, 1981		300,000
8% Loan payable, due December 10, 1985		17,000
9% Loan payable, due November 7, 2005	<u>481,427</u>	<u>9,000</u>
Less principal included in current liabilities	<u>3,681</u>	<u>813,950</u>
	<u>\$477,746</u>	<u>\$808,892</u>

Interest on long term debt, 1977, \$81,118 (1976, \$75,995).

The 9½% first mortgage provides for monthly payments of principal and interest in the amount of \$4,128 for January and February, 1978 and \$4,425 thereafter. The mortgage is renewable annually at an interest rate which is ½% less than the then five year commercial mortgage rate. On February 28, 1978 this mortgage was renewed at 9½% for a term of one year.

5. DENTAL APTITUDE TEST PROGRAM

On January 1, 1977, the operations of the Dental Aptitude Test Program were amalgamated with the Canadian Dental Association. The amount of \$16,950, represented by cash, term deposits and prepaid expenses at that date has been credited to surplus.

6. RECLASSIFICATION OF COMPARATIVE FIGURES

The 1976 comparative figures have been reclassified to conform with the financial statement presentation adopted for 1977.

MANAGEMENT COMMITTEE

CANADIAN DENTAL ASSOCIATION

SCHEDULE OF REVENUE SOURCES

YEAR ENDED DECEMBER 31, 1977

	<u>1977</u>	<u>1976</u>
Membership fees		
Associate	\$ 8,275	\$ 3,903
Student	11,229	6,041
Corporate	83,118	84,293
Regular		
British Columbia	131,085	87,685
Alberta	74,970	52,910
Saskatchewan	25,155	17,095
Manitoba	35,100	23,628
Ontario	229,905	162,670
Quebec	108,810	50,710
New Brunswick	14,400	9,930
Nova Scotia	23,940	15,045
Prince Edward Island	3,780	2,600
Newfoundland	<u>8,910</u>	<u>5,460</u>
	<u>\$758,677</u>	<u>\$521,270</u>
Grants		
Canadian Fund for Dental Education	\$ 31,100	\$ 27,737
National Dental Examining Board	15,000	12,000
Caribbean Dental Program	2,084	21,453
Dental Health Week		2,222
Other	<u></u>	<u>8,219</u>
	<u>\$ 48,184</u>	<u>\$ 71,631</u>

CANADIAN DENTAL ASSOCIATION
SCHEDULE OF DETAILS OF CERTAIN EXPENDITURES

YEAR ENDED DECEMBER 31, 1977

	<u>1977</u>	<u>1976</u>
Honoraria		
President	\$ 12,000	\$ 12,000
Executive council	<u>33,300</u>	<u>11,100</u>
	<u>\$ 45,300</u>	<u>\$ 23,100</u>
Salaries and employee benefits		
Salaries	\$135,719	\$141,569
Employee benefits	16,436	16,837
Pension supplement, retired executive director	<u>—</u>	<u>10,553</u>
	<u>\$152,155</u>	<u>\$168,959</u>
Grants and funded programs		
Canadian Dental Nurses and Assistants	—	\$ 300
Canadian Fund for Dental Education	\$ 500	500
Fédération Dentaire Internationale	4,025	3,985
Caribbean Dental Program	2,084	21,453
Travel and meetings related to accreditation and student affairs	<u>45,679</u>	<u>41,923</u>
	<u>\$ 52,288</u>	<u>\$ 68,161</u>
General and administrative		
Postage	\$ 8,999	\$ 2,827
General office	57,909	32,984
Bad debt expense	2,124	289
Telephone and telegraph	12,692	10,700
Furniture and equipment depreciation	<u>5,539</u>	<u>5,104</u>
	<u>\$ 87,263</u>	<u>\$ 51,904</u>
Premises		
Insurance	\$ 4,794	\$ 1,614
Light, heat and water	18,581	9,034
Repairs and maintenance	6,199	6,214
Taxes	36,662	12,915
Rental commissions	8,972	
Interest on long term debt	81,118	75,995
Depreciation	<u>33,620</u>	<u>31,993</u>
	189,946	137,765
Less		
Allocated to CDA Journal	<u>—</u>	<u>10,800</u>
	<u>\$189,946</u>	<u>\$126,965</u>

CANADIAN DENTAL ASSOCIATION

SCHEDULE OF CDA JOURNAL

YEAR ENDED DECEMBER 31, 1977

	<u>1977</u>	<u>1976</u>
Revenue		
Advertising	\$194,796	\$210,177
Subscriptions	10,416	9,389
Reprint	<u>2,093</u>	
	<u>207,305</u>	<u>219,566</u>
Expenditure		
Printing	91,862	90,154
Agency commission	24,897	27,072
Postage and delivery	33,855	16,347
Salaries and employee benefits	54,363	47,000
Office space		10,800
Travel	7,261	7,066
Advertising and promotion	2,283	2,158
Translation	2,409	2,645
Office and equipment	4,086	2,631
Sundry	<u>2,036</u>	<u>1,496</u>
	<u>223,052</u>	<u>207,369</u>
EXCESS OF (EXPENDITURE OVER REVENUE)		
REVENUE OVER EXPENDITURE	<u>\$ (15,747)</u>	<u>\$ 12,197</u>

CANADIAN DENTAL ASSOCIATION
 SCHEDULE OF DENTAL APTITUDE TEST PROGRAM
 YEAR ENDED DECEMBER 31, 1977

Revenue		
Applicants' testing fees	\$ 48,795	
Interest	<u>1,680</u>	\$ 50,475
Expenditure		
Test supplies	9,212	
Salaries and employee benefits	14,850	
Grading of tests	6,036	
Honoraria	5,546	
Postage and express	2,183	
Travel and sundry expense	5,213	
Validation studies	1,808	
Office supplies and expenses	2,965	
Depreciation	223	
Professional fees	400	
Bank charges	<u>56</u>	<u>48,550</u>
EXCESS OF REVENUE OVER EXPENDITURE		<u>\$ 1,925</u>

Thorne
Riddell
& Co.

CHARTERED ACCOUNTANTS

AUDITORS' REPORT

To the Board of Governors of
the Canadian Dental Association

We have examined the statement of receipts and disbursements of the Canadian Dental Association World Dental Congress for the period from August 1, 1974 to March 31, 1978. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, this financial statement presents fairly the receipts and disbursements of the Canadian Dental Association World Dental Congress for the period from August 1, 1974 to March 31, 1978 in accordance with the accounting principle as set out in the note to the financial statement.

Thorne Riddell & Co.

Ottawa, Canada
April 13, 1978

Chartered Accountants

CANADIAN DENTAL ASSOCIATION
WORLD DENTAL CONGRESS

STATEMENT OF RECEIPTS AND DISBURSEMENTS

PERIOD FROM AUGUST 1, 1974 TO MARCH 31, 1978

Receipts		
Registration fees - dentists	\$265,005	
- students and auxiliaries	6,455	
Exhibit space rentals	205,491	
Grants	30,331	
Interest	3,665	
Social events	54,150	
Advertising	6,225	
Miscellaneous	<u>12,736</u>	\$584,058
Disbursements		
F.D.I. commission on registration fees - dentists	26,500	
Exhibits	71,456	
Ladies program	18,051	
Scientific program	39,710	
Social program	42,586	
Reception	6,292	
Registration	37,769	
Congress administration	66,708	
Headquarters services	27,000	
Promotion and publicity	50,510	
Organizing committee	62,062	
Translation	77,041	
Professional fees	<u>20,217</u>	<u>545,902</u>
EXCESS OF RECEIPTS OVER DISBURSEMENTS		<u>\$ 38,156</u>
Allocation		
Canadian Dental Association	\$ 28,617	
Fédération Dentaire Internationale	<u>9,539</u>	
		<u>\$ 38,156</u>
Represented by:		
Cash	\$ 47,377	
Less: Balance of F.D.I. commission due on registration fees	<u>9,221</u>	
		<u>\$ 38,156</u>

CANADIAN DENTAL ASSOCIATION
WORLD DENTAL CONGRESS

NOTE TO FINANCIAL STATEMENT

PERIOD FROM AUGUST 1, 1974 TO MARCH 31, 1978

ACCOUNTING PRINCIPLE

Receipts include funds received and disbursements include funds paid or set aside by the Canadian Dental Association on account of the World Dental Congress held in Toronto, Canada, October 22-28, 1977. Receipts and disbursements other than those administered by the Canadian Dental Association, if any, are not included in this statement.

In accordance with an agreement with the Fédération Dentaire Internationale, seventy-five per cent of the excess of receipts over disbursements is to be retained by the Canadian Dental Association.

Thorne
Riddell
& Co.

CHARTERED ACCOUNTANTS

AUDITORS' REPORT

To the Members of
The Canadian Dental Research Foundation

We have examined the balance sheet of The Canadian Dental Research Foundation as at December 31, 1977 and the statements of revenue and expenditure and surplus for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, these financial statements present fairly the financial position of the foundation as at December 31, 1977 and the results of its operations for the year then ended in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.



Ottawa, Canada
February 23, 1978

Chartered Accountants

THE CANADIAN DENTAL RESEARCH FOUNDATION
(Incorporated without share capital under the laws of Canada)

BALANCE SHEET AS AT DECEMBER 31, 1977

ASSETS

	<u>1977</u>	<u>1976</u>
Current account		
Cash	\$ 507	\$ 490
Receivable from Canadian Dental Association	2,367	1,800
Accrued interest on bonds	487	371
	<u>3,361</u>	<u>2,661</u>
Capital account		
Cash (bank indebtedness)	4	(92)
Investments, at cost (quoted market value 1977, \$18,687; 1976, \$18,593)	19,488	18,782
	<u>19,492</u>	<u>18,690</u>
	<u>\$ 22,853</u>	<u>\$ 21,351</u>

SURPLUS

Current account	\$ 3,361	\$ 2,661
Capital account	<u>19,492</u>	<u>18,690</u>
	<u>\$ 22,853</u>	<u>\$ 21,351</u>

THE CANADIAN DENTAL RESEARCH FOUNDATION

CURRENT ACCOUNT

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED DECEMBER 31, 1977

	<u>1977</u>	<u>1976</u>
Revenue		
Interest	\$ 1,448	\$ 1,449
Expenditure		
Trust company fees	48	47
C.D.R.F. annual award	700	700
	<u>748</u>	<u>747</u>
EXCESS OF REVENUE OVER EXPENDITURE	700	702
SURPLUS AT BEGINNING OF YEAR	<u>2,661</u>	<u>1,959</u>
SURPLUS AT END OF YEAR	<u>\$ 3,361</u>	<u>\$ 2,661</u>

CAPITAL ACCOUNT

STATEMENT OF SURPLUS

YEAR ENDED DECEMBER 31, 1977

	<u>1977</u>	<u>1976</u>
BALANCE AT BEGINNING OF YEAR	\$ 18,690	\$ 18,690
Gain on redemption of bond	<u>802</u>	<u> </u>
BALANCE AT END OF YEAR	<u>\$ 19,492</u>	<u>\$ 18,690</u>

MANAGEMENT COMMITTEE

CANADIAN DENTAL ASSOCIATION

STATEMENT OF REVENUE AND EXPENDITURE

FOR THE PERIOD ENDED MAY 31, 1978

	12 Months Actual 1977	12 Months Budget 1978	Months Actual To May 31/78
<u>REVENUE</u>			
Fees	\$ 809,152	\$ 802,220	\$ 782,514
Grants	48,184	40,600	15,000
Journal	207,305	235,000	84,848
Publications	18,241	20,000	5,865
National Convention	* 28,617	166,000	-
Investment and Rental Income	79,807	101,000	70,657
Hospital Services' Surveys	-	5,500	-
	<u>\$1,191,306</u>	<u>\$1,370,320</u>	<u>\$ 958,884</u>
<u>EXPENDITURES</u>			
Annual Board Meeting	\$ 42,724	\$ 50,000	\$ 15,232
Honoraria	45,300	75,000	10,000
Salaries and Employee Benefits	152,155	385,000	126,886
Grants and Related Expenses	52,288	29,100	5,534
General Administrative	87,263	150,789	116,449
Professional Services	37,594	59,000	2,804
Journal	223,052	160,500	60,069
Publications	48,558	35,500	16,247
Travel and Meetings	116,357	143,950	65,843
Premises Expenses	189,946	171,000	67,506
National Convention	-	163,500	-
Caribbean Program	-	-	-
D.A.T.P. Expenses	48,552	-	12,854
	<u>\$1,043,789</u>	<u>\$1,423,339</u>	<u>\$ 499,424</u>
EXCESS OF REVENUE OVER EXPENDITURE	\$ 147,517	\$ (53,019)	\$ 459,460

* Net Revenue F.D.I.

CANADIAN DENTAL ASSOCIATIONDETAILED REVENUE STATEMENT

	12 Months Actual '77	12 Months Budget '78	5 Months Actual to May 31/78
<u>FEES</u>			
Associates	\$ 8,275	\$ 4,070	\$ 6,475
Students	11,229	6,750	1,868
Corporate	83,118	73,190	91,760
DAT Program	50,475	59,500	36,641
<u>MEMBERSHIP FEES</u>			
British Columbia	131,085	130,500	127,800
Alberta	74,970	75,150	75,870
Saskatchewan	25,155	25,200	24,390
Manitoba	35,100	34,650	34,380
Ontario	229,905	223,470	233,820
Quebec	108,810	116,100	110,810
New Brunswick	14,400	15,480	15,480
Nova Scotia	23,940	24,300	13,320
Prince Edward Island	3,780	3,960	-
Newfoundland	8,910	9,900	9,900
<u>GRANTS</u>			
<u>CFDE</u>			
Students' Conference	3,100	5,000	-
Student Table Clinic	5,000	4,000	-
Teaching Conference	-	4,600	-
Survey of Graduate Programs	21,000	-	-
Council on Dental Materials	2,000	-	-
<u>COUNCIL ON INFORMATION SERVICES</u>			
Product Acceptance	-	12,000	-
NDEB - Survey of Undergraduate Programs	15,000	15,000	15,000
Caribbean Dental Program	2,084	-	-
<u>JOURNAL</u>			
Advertising	194,796	225,000	66,252
Subscriptions, Reprints, Mailing list	12,509	10,000	18,596
PUBLICATIONS - Sales	18,241	20,000	5,865
NATIONAL CONVENTION - Revenue	28,617	166,000	-
<u>INVESTMENT INCOME</u>			
Term Deposits	51,656	20,000	11,047
Rental	20,446	75,000	23,720
CDRP Trust	700	1,000	680
Other	7,005	5,000	35,210
<u>SERVICES - HOSPITAL SURVEYS</u>	-	5,500	-
	<u>\$1,191,306</u>	<u>\$1,370,320</u>	<u>\$958,884</u>

MANAGEMENT COMMITTEE

CANADIAN DENTAL ASSOCIATION
DETAILED EXPENDITURE STATEMENT

	12 Months Actual '77	12 Months Budget '78	5 Months Budget '78	5 Months Actual to May 31/78
Annual Board Meeting	\$ 42,724	\$ 50,000	\$ 20,835	\$ 15,232
President's Honoraria	12,000	12,000	5,000	5,000
Executive Council Per Diem	33,300	45,000	18,750	48,909
Executive Council Honoraria	-	12,000	5,000	5,000
CDRF Award	700	1,000	415	-
Film Production & Distribution	1,923	5,000	2,085	388
Grants - CFDE	500	500	235	50
- FDI	4,025	5,000	2,085	5,484
Joint ADA/CDA Meeting	2,345	-	-	-
Insurance (Fidelity, Bonding, F & E, Sick, Travel)	4,075	10,000	4,165	2,107
Legal and Audit	13,062	29,000	12,085	2,804
Bad Debt Expense	2,124	-	-	-
Office Supplies: Expenses	66,881	31,000	12,915	20,903
Postage	42,854	41,000	17,085	12,879
Interest - Long Term Debt	81,118	100,000	41,665	20,640
Depreciation	39,382	45,000	18,750	17,598
Property - Insurance	4,794	15,000	6,250	618
- Sundry	237	-	-	-
- Light, Heat, Water	18,581	35,000	14,585	9,383
- Mtnc. Repairs	5,962	16,000	6,665	1,176
- Taxes	36,662	35,000	14,585	18,091
Printing - BPI	10,662	34,000	14,165	16,247
- General	9,752	5,000	2,085	6,488
Salaries - Headquarters	204,241	255,000	106,250	117,398
Employee Benefits	16,584	25,000	10,415	9,488
Survey Program - Salaries & Secretaries	10,869	45,000	18,750	-
Telephone	12,692	12,400	5,165	4,726
Translations	1,500	5,000	2,085	931
Travel & Meetings	121,911	143,950	59,980	65,843
Hospital Services Program	-	5,500	2,290	-
Membership Promotion - Student; CDA	10,186	19,600	8,165	7,028
Opening Ceremonies	11,640	-	-	-
Dental Health Month	2,821	10,000	4,165	1,523
Relocation Expenses	5,195	5,000	2,085	4,019
Journal Expenses	134,674	132,100	55,040	48,991
Caribbean Program	2,084	-	-	-
Newsletter	-	5,000	2,085	3,198
Publications	16,070	1,500	625	-
National Convention	-	163,500	68,125	-
Public Relations	24,532	37,000	15,415	11,001
Travel Expense - Journal	7,261	5,000	2,085	3,427
D.A.T.P. Exp.: Off. & Test Supplies	14,416	11,789	4,910	2,454
Stat. Rep. & Comp. Serv.	6,036	5,000	2,085	5,679
D.A.T. Honoraria	5,546	6,500	2,710	3,205
D.A.T. Validation Exp.	1,868	3,000	1,250	1,516
	<u>\$1,043,789</u>	<u>\$1,423,339</u>	<u>\$593,085</u>	<u>\$499,424</u>

CANADIAN DENTAL ASSOCIATIONSTATEMENT OF REVENUE AND EXPENDITUREJOURNAL TO MAY 1978

	12 Months Actual '77	12 Months Budget '78	5 Months Budget '78	5 Months Actual to May 31/78
<u>REVENUE</u>				
Gross Advertising Revenue	\$194,796	\$225,000	\$ 93,750	\$66,252
Subscriptions sold	10,416	10,000	4,165	15,378
Sale of reprints & Mailing List	2,093	-	-	3,218
	<u>\$207,305</u>	<u>\$235,000</u>	<u>\$ 97,915</u>	<u>\$84,848</u>
<u>DIRECT EXPENDITURES</u>				
Agency Commissions	\$ 24,897	\$ 34,000	\$ 14,165	\$ 7,964
Customs Brokerage	903	800	335	75
Sales and Travel	6,909	5,000	2,085	3,427
Printing	91,862	90,000	37,500	32,835
Reprint Expenses	2,376	-	-	168
Postage	23,014	22,000	9,165	6,812
Translations	2,409	2,400	1,000	838
Photography	27	600	250	50
Art	959	700	290	382
Sundry Journal Expenses	3,748	5,000	2,085	5,433
Mailing List	3,532	-	-	2,085
Product Card	4,313	-	-	-
	<u>\$164,949</u>	<u>\$160,500</u>	<u>\$66,875</u>	<u>\$60,069</u>
<u>ALLOCATED EXPENDITURES</u>				
Salaries	\$ 50,523	\$ 55,000	22,915	18,790
Employee Benefits	3,840	5,000	2,085	1,875
Office Expenses				
a) Stationery	300	300	125	125
b) Xerox	180	200	85	75
c) Postage	360	300	125	150
d) Telephone	2,400	1,000	415	500
Office Equipment	500	1,000	415	415
	<u>\$223,052</u>	<u>\$223,300</u>	<u>\$93,040</u>	<u>\$81,999</u>
<u>EXCESS OF REVENUE OVER</u>				
EXPENDITURE	<u>\$ (15,747)</u>	<u>\$ 11,700</u>	<u>\$ 4,875</u>	<u>\$ (2,849)</u>

CANADIAN DENTAL ASSOCIATION

BUDGET 1979

PRESENTATION

These Financial Statements include all accounts relating to Canadian Dental Association, including Dental Aptitude Testing Program.

CANADIAN DENTAL ASSOCIATIONSTATEMENT OF REVENUE AND EXPENDITURESUMMARYBUDGET 1979

	<u>Actual</u> <u>1977</u>	<u>Budget</u> <u>1978</u>	<u>Budget</u> <u>1979</u>
<u>REVENUE</u>			
Fees	\$ 809,152	\$ 802,220	\$ 883,410
Grants	48,184	40,600	61,500
Journal	207,305	235,000	175,000
Publications	18,241	20,000	25,000
National Convention	28,617	2,500	25,000
Investment & Rental Income	79,807	101,000	114,198
Hospital Services' Surveys	-	5,500	6,000
	<u>\$1,191,306</u>	<u>\$1,206,820</u>	<u>\$1,290,108</u>
<u>EXPENDITURES</u>			
Board Meetings	\$ 42,724	\$ 50,000	\$ 51,600
Honoraria & Per Diem	45,300	75,000	136,800
Salary & Employee Benefits	152,155	385,000	376,000
Grants & Related Expenses	52,288	29,100	6,200
General Administration	87,263	150,789	150,298
Professional Services	37,594	59,000	42,000
Journal	223,052	160,500	238,227
Publications, Film	48,558	35,500	25,000
Travel & Meetings	116,357	143,950	169,917
Premises Expense	189,946	171,000	121,566
National Convention	-	-	-
D.A.T.P. Expenses	48,552	-	42,500
	<u>\$1,043,789</u>	<u>\$1,259,839</u>	<u>\$1,360,108</u>
EXCESS OR REVENUE OVER (EXPENDITURE)	<u>\$ 147,517</u>	<u>\$ (53,019)</u>	<u>\$ (70,000)</u>

CANADIAN DENTAL ASSOCIATIONBUDGET REVENUE SUMMARY

	ACTUAL 1977	BUDGET 1978	BUDGET 1979	
<u>FEEs</u>				
Associates	\$ 8,275	\$ 4,070	\$ 6,500	
Students	11,229	6,750	7,500	
Corporate	83,118	73,190	127,660	(7)
DAT	50,475	59,500	57,750	
<u>MEMBERSHIP</u>				
British Columbia	131,085	130,500	135,000	
Alberta	74,970	75,150	81,000	
Saskatchewan	25,155	25,200	25,200	
Manitoba	35,100	34,650	37,350	
Ontario	229,905	223,470	238,140	
Quebec	108,810	116,100	111,060	
New Brunswick	14,400	15,480	16,020	
Nova Scotia	23,940	24,300	25,650	
Prince Edward Island	3,780	3,960	3,780	
Newfoundland	8,910	9,900	10,800	
<u>GRANTS</u>				
CFDE				
- Dental Materials & Dev.	2,000	-	-	
- Survey Graduate Programs	21,000	-	-	
- Student Conference	3,100	5,000	7,000	
- Student Table Clinic	5,000	4,000	6,000	
- Teaching Conference	-	4,600	6,500	
Council on Information Services-				
Product Acceptance	-	12,000	12,000	
NDEB	15,000	15,000	15,000	
ACFD	-	-	15,000	
Caribbean Dental Program	2,084	-	-	
<u>JOURNAL</u>				
Advertising	194,796	225,000	165,000	
Subscription, Mailing & Reprint	12,509	10,000	10,000	
<u>PUBLICATIONS</u> - Sales	18,241	20,000	25,000	
<u>NATIONAL CONVENTION</u>	28,617	166,000	130,000	
<u>INVESTMENT INCOME</u> - Term Deposits	51,656	20,000	30,000	
- Rental	20,446	75,000	77,198	
- CDRF	700	1,000	1,000	
- Other	7,005	5,000	6,000	
<u>SERVICES</u> - Hospital	-	5,500	6,000	
TOTAL	\$1,191,306	\$1,370,320	\$1,395,108	

(7) Increase corporate fee and members

CANADIAN DENTAL ASSOCIATIONDETAILED EXPENDITURE STATEMENTBUDGET - 1979

	ACTUAL 1977	BUDGET 1978	BUDGET 1979
Board Meetings	\$ 42,724	\$ 50,000	\$ 51,600
President's Honorarium	12,000	12,000	12,000
Past President's, President Elect, Honoraria	-	12,000	12,000
Executive Council Per Diem	33,300	45,000	102,000 (1)
Council Chairman Per Diem	-	-	10,800 (1)
CDRF Award	700	1,000	700
Film Production & Distribution	1,923	5,000	2,000
Grants - CFDE	500	500	500
- FDI	4,025	5,000	5,000
Joint ADA/CDA Meeting	2,345	-	-
Insurance (Fidelity, Bonding, F & E Sick, Travel)	4,075	10,000	7,000
Legal & Audit	13,062	29,000	20,000
Bad Debt Expense	2,124	-	2,500
Office Supplies/Expenses	66,881	31,000	56,150 (2)
Postage	42,854	41,000	12,200 (3)
Interest - Long Term Debt	81,118	100,000	49,536 (4)
Property Expenses	105,618	146,000	72,030 (5)
Printing - Information Services	10,662	34,000	25,000
- General	9,752	5,000	18,800
Salaries - Headquarters	204,241	255,000	300,000
Employee Benefits	16,584	25,000	27,000
Survey Program - Salaries/Secretaries	10,869	45,000	49,000
Telephone	12,692	12,400	11,050
Translations	1,500	5,000	1,500
Travel & Meetings	121,911	143,950	169,917
Hospital Services Program	-	5,500	8,198
Membership Promotion - Student/CDA	10,186	19,600	20,900
Opening Ceremonies	11,640	-	-
Dental Health Month	2,821	10,000	10,000
Relocation Expenses	5,195	5,000	-
Journal Expenses	134,674	132,100	236,227 (6)
Caribbean Program	2,084	-	-
Newsletter	-	5,000	7,000
Publications	16,070	1,500	-
National Convention	-	163,500	105,000
Public Relations	24,532	37,000	15,000
Travel Expense - Journal	7,261	5,000	2,000
D.A.T.P.: Office & Test Supplies	14,416	11,789	21,500
Stat. Rep. & Comp. Serv.	6,036	5,000	8,500
Honoraria	5,546	6,500	9,500
Validation Expense	1,868	3,000	3,000
	<u>\$1,043,789</u>	<u>\$1,423,339</u>	<u>\$1,465,108</u>

1) Increase in per diem allowance and number of meetings.

2) Increased office equipment, stationery, photocopying, shipping and billing costs.

3) Journal postage allocated under journal expenses.

4) Reduction due to 2nd mortgage being paid off.

5) Reduction due to certain costs being chargeable to tenants per costs escalation clauses in leases.

6) Journal expenses are allocated to one account whereas prior years were distributed.

CANADIAN DENTAL ASSOCIATION
STATEMENT OF REVENUE AND EXPENDITURE
JOURNAL
BUDGET 1979

	BUDGET 1978	BUDGET 1979
<u>REVENUE</u>		
Gross Advertising Revenue	\$225,000	\$165,000
Subscriptions	10,000	9,000
Reprints & Mailing List	-	1,000
	<u>\$235,000</u>	<u>\$175,000</u>
<u>EXPENDITURES</u>		
Agency Commission	\$ 34,000	\$ 30,000
Scientific Editor	-	10,700
Journal Printing	90,000	91,345
Shipping & Delivery	-	1,800
Postage	22,000	22,082
Sundry Expenses	300	200
Editor's Expenses	-	400
Staff Expenses	-	7,000
Translations	2,400	1,000
Art	1,300	1,000
Photography	-	200
Cartoons	-	100
Custom Brokers	800	600
Promotion	5,000	2,000
Temporary Staff	-	1,500
Mailing List	-	3,500
Reprint	5,000	2,300
Office Equipment	1,000	500
Office Supplies	300	300
Copy Charges	200	200
Salaries	55,000	55,000
Employee Benefits	5,000	5,000
Telephone & Telegraph	1,000	1,500
	<u>\$223,300</u>	<u>\$238,227</u>
EXCESS OF REVENUE OVER (EXPENDITURE)	<u>\$ 11,700</u>	<u>\$ (63,227)</u>

CANADIAN DENTAL ASSOCIATIONBUDGET REVENUE1979MEMBERSHIP FEES

PROVINCE	FORECASTED MEMBERS 1979	FEE/MEMBER 1979	FORECASTED TOTAL
Alberta	900	90	81,000
B.C.	1,500	90	135,000
Manitoba	415	90	37,350
N.B.	178	90	16,020
N.S.	285	90	25,650
Newfoundland	120	90	10,800
Ontario	2,646	90	238,140
P.E.I.	42	90	3,780
Quebec	1,234	90	111,060
Saskatchewan	280	90	25,200
TOTAL	7,600		684,000

COMPANIES - LIST OF OFFICERS AND DIRECTORS

FORM 218(5-77)

To: **THE ROYAL BANK OF CANADA**

I, the undersigned, Secretary of

CANADIAN DENTAL ASSOCIATION

(Name of Company)

hereby certify that the following are its officers and directors, namely:

OFFICERS (NAMES AND TITLES)

That all previous signing authorities be cancelled, and commencing August 25, 1978, the following be the officers for the Association's banking accounts:

Mr. Lloyd A. Stevenson or
Mr. George P. Watts and
Mrs. J. Langley or
Ms. Linda Teteruck

DIRECTORS

Dr. D. L. Rife
2953 Bathurst Street
Toronto, Ontario M6B 4A4

Dr. M. J. Crompton
567 St. George Street
Moncton, N. B. E1E 2B8

Dr. R. L. Moran
350 Rumsey Road
Toronto, Ontario M4G 4A4

Dr. C. Covit
605 Decarie Boulevard
Montreal, Quebec H4L 3L2

Dr. C. Dexter
2625 Dutch Village Road
Halifax, N. S. B3L 4G4

Dr. G. E. Utas
9923A Richmond Avenue
Grande Prairie, Alberta
T8V 0V1

Dr. A. J. Shinoff
1111 Medical Arts Bldg.
Winnipeg, Manitoba R3C 3J5

Dr. R. N. Hicks
375-1425 Marine Drive
West Vancouver, B.C. B7T 1B9

Dr. R. F. Evans
Box 400
Picton, Ontario K0K 2T0

Dated at Ottawa this 25th day of August, 19 78.

CORPORATE SEAL



Secretary

CANADIAN DENTAL ASSOCIATIONBUDGET REVENUE1979CORPORATE FEES

PROVINCE	FORECASTED MEMBERS 1979	FEE/MEMBER 1979	FORCASTED TOTAL
Alberta	900	13	11,700
B.C.	1,500	13	19,500
Manitoba	415	13	5,395
N.B.	178	13	2,314
N.S.	285	13	3,705
Newfoundland	120	13	1,560
Ontario	3,800	13	49,400
P.E.I.	42	13	546
Quebec	2,300	13	29,900
Saskatchewan	280	13	3,640
TOTAL	9,820		127,660

MANAGEMENT COMMITTEE

CANADIAN DENTAL ASSOCIATION

BUDGET 1979

EXECUTIVE, COUNCILS AND COMMITTEES

MEETINGS AND TRAVEL EXPENDITURE

	<u>BUDGET 1978</u>	<u>BUDGET 1979</u>
<u>EXECUTIVE</u>		
1. President	\$ 10,000	\$ 10,000
2. Executive (3)	18,000	19,800
<u>COUNCILS</u>		
Executive Council Meetings	20,000	46,700
Council on Dental Materials & Devices	6,000	5,000
Council on Education:		
1 Meeting	6,000	6,374
Miscellaneous Travel	1,500	
** Survey Committee & Surveys	27,500	35,526
* Teaching Conference	5,000	-
* Student Table Clinic	6,000	-
Council on Health Care	5,000	6,625
Council on Hospital Services	5,000	8,198
Council on Constitution & By-laws	500	1,700
*** Council on Information Services	13,200	18,500
Council on Student Affairs	16,000	25,000
TOTAL	<u>\$139,700</u>	<u>\$183,423</u>

* Funds to cover these items to be provided by C.F.D.E.

** To be offset by revenue from the institutions being served

*** Product Acceptance

NECROLOGY

RECORDS DEPARTMENT

Ms. C. Cronin

Since the last Annual Meeting of the Canadian Dental Association, the deaths of the following members have been recorded:

ADAMS, George A. C. - Toronto 1933	Toronto, Ontario
AUNGER, William Reid - Toronto 1929	Settler, Alberta
BARETTE, Omer	Longueuil, P.Q.
BARKLEY, Archie J.	Ottawa, Ontario
BEAUDET, Paul Emile -Montreal 1933	Villemont Royal, P.Q.
BLOUIN, Eugene - Montreal 1922	Quebec, P.Q.
BOYD, Andrew Allan - RCDS 1923	Kingston, Ontario
BRICKER, Joseph Stirling - Toronto 1914	Vancouver, B.C.
CAMERON, Noel	Nipawin, Sask.
CLOUTIER, Francois - Montreal 1950	Montreal, P.Q.
CRAIG, Charles Everett - Toronto 1943	Vancouver, B.C.
DELWO, Bryan Franklin - U.B.C. 1973	Quesnel, B.C.
DONNELLY William Thomas - McGill 1920	Montreal, P.Q.
DORES, James Emmanuel Eugene - RCDS 1917	Hamilton, Ontario
DUBE, J. Augustae - Montreal	Rimouski, P.Q.
DUSSAULT, J. A. - 1923	Longueuil, P.Q.
FORGET, Ernest - Montreal 1924	
FULFORD, C. G.	Peterborough, Ont.
FULLERTON, J. C.	Willowdale, Ont.
GAUDET, Nestor Simon - Montreal 1957	Coquitlam, B.C.
GEMEROY, Gilbert Fraser - Alberta 1941	Courtney, B.C.
GOLDWATER, Ephraime	Westmount, P.Q.
GOODFELLOW, Joseph Sterling - Toronto 1951	Calgary, Alberta
GRAINGER, Donald Robert - Toronto 1973	Golden, B.C.
HALL, G. T.	Winnipeg, Man.
HANCOCK, Walter R. - Toronto 1933	Fort Qu'Appelle, Sask.
HUCULAK, Nick - Alberta 1941	Vancouver, B.C.
KALMUSKY, Arthur Taras - Toronto 1955	Toronto, Ontario
KAPLOWITZ, Harold Jules - Pennsylvania 1957	Whiterock, B.C.
KILLAS, Kosta James - U.B.C. 1949	Vancouver, B.C.
KLEIN, Henry - McGill 1925	Montreal, P.Q.
LAFORCE J. J. - Montreal 1946	Drummondville, P.Q.
LEE, G. A. - RCDS 1916	Islington, Ontario
LECKIE, A. H. Toronto 1936	Hamilton, Ontario
LEMIRE, L. - Montreal 1912	Hudson Heights, P.Q.

NECROLOGY

- | | |
|---|----------------------|
| MACGREGOR, A. D. - McGill 1925 | Truro, N.S. |
| MAHAFFY, W. G. - Toronto, 1930 | Copper Cliff, Ont. |
| MARSH, Thomas Leslie - Toronto 1932 | Ottawa, Ontario |
| McKenty, Mark Vincent - Chicago 1908 | Winnipeg, Manitoba |
| McLELLAN, Frederic Fulton Dalhousie 1915 | Westville, N.S. |
| McLEOD, Charles Stuart - Toronto 1923 | Victoria, B.C. |
| MELADY, Alex | Quebec, P.Q. |
| MILLER, Walter A. - RCDS 1923 | Winnipeg, Manitoba |
| MITCHELL, J. B. | Fort St. James, B.C. |
| MONGEAU, Ernest Alphonse - McGill 1943 | Outremont, P.Q. |
| MURDOCH, Robert H. - Toronto 1923 | Winnipeg, Manitoba |
| MURPHY, Edgar Morrison - Toronto 1931 | Cobden, Ontario |
| MYER, Solomon - McGill 1918 | Sherbrook, P.Q. |
| NOEL, Marcel - Montreal 1945 | Quebec, P.Q. |
| OSTERHOUT, W. L. L. - Oregon 1925 | Vancouver, B.C. |
| PARSONS, L. A. W. | Clagary, Alberta |
| QUALLEY, Eric - Alberta 1924 | Cuncan, B.C. |
| RAY, S.S. - Toronto 1962 | Toronto, Ontario |
| RUMBERG, Joseph B. - Minnesota 1937 | Winnipeg, Manitoba |
| SIEGEL, Veldon Boyd - Toronto 1951 | Kamloops, B.C. |
| SINGER, Arthur - Toronto 1927 | Saskatoon, Sask. |
| SKILLING, Harold Roy - RCDS 1923 | Toronto, Ontario |
| STAR, Isidore - McGill 1953 | Montreal, P.Q. |
| STEVENS, Wesley Dickinson - RCDS 1914 | Westport, Ontario |
| SOLOMON, Myer - 1919 | Montreal, P.Q. |
| SUTHERLAND, A. B. - Toronto 1927 | Sudbury, Ontario |
| THOMPSON, Otto Robert - Toronto 1925 | Victoria, B.C. |
| TOKER, Maxwell H. | Westmount, P.Q. |
| TROTT, Richard - Alelaide 1950 | Winnipeg, Manitoba |
| WALLACE, Alexander Marshal - Alberta 1950 | Calgary, Alberta |

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA
LE BUREAU NATIONAL D'EXAMEN DENTAIRE DU CANADA

100 BRONSON AVENUE, SUITE 807, OTTAWA CANADA K1R 6G8

PRESIDENT:

Dr. N.J. Layton, Nova Scotia

PAST-PRESIDENT:

Dr. J.M. Calvert, Alberta

VICE-PRESIDENT:

Dr. R. Coulombe, Quebec

EXECUTIVE:

Dr. G.A. Freeze, British Columbia
Dr. W.J. O'Driscoll, Newfoundland

MEMBERS:

Dr. P.R. Crawford, Manitoba
Dr. R.B. Gilliland, Saskatchewan
Dr. A.L. MacIsaac, Prince Edward Island
Dr. E.G. Sonley, Ontario
Dr. L.G. Zed, New Brunswick
Dr. E.R. Ambrose, Council on Education, CDA
Dr. W.H. Feasby, Council on Education, CDA

REGISTRAR:

Dr. G. Kravis

EXECUTIVE SECRETARY-TREASURER:

Ms. J.B. Matte

July 11, 1978

Mr. Lloyd Stevenson
Executive Director
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Dear Mr. Stevenson,

At a recent meeting the National Dental Examining Board of Canada passed the following motion:

"That the CDA Council on Student Affairs be invited to send a student representative-observer to NDEB Annual Board Meetings".

The above Motion was passed with the understanding that

- a) Attendance would be at the expense of the CDA Council on Student Affairs,

and

- b) Attendance and participation in the meeting would be at the discretion of the Chairman.

Yours sincerely,



G. Kravis, D.D.S.
Registrar

GK/kh

cc: N.J. Layton, D.D.S.
R. Coulombe, D.D.S.
Ms. L. Teteruck

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA
LE BUREAU NATIONAL D'EXAMEN DENTAIRE DU CANADA

100 BRONSON AVENUE, SUITE 807, OTTAWA CANADA K1R 6G8

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Dr. R.B. Gilliland, Saskatchewan

Dr. A.L. MacIsaac, Prince Edward Island

Dr. E.G. Sonley, Ontario

Dr. L.G. Zed, New Brunswick

Dr. E.R. Ambrose, Council on Education, CDA

Dr. W.H. Feasby, Council on Education, CDA

REGISTRAR:

Dr. G. Kravis

EXECUTIVE SECRETARY-TREASURER:

Ms. J.B. Matte

July 10, 1978

Mr. Lloyd Stevenson
Executive Director
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, ONTARIO
K1G 5Y6

Dear Mr. Stevenson,

At a recent meeting the National Dental Examining Board of Canada discussed the practice of forwarding a courtesy report on its activities to the CDA Board of Governors' Meeting.

The NDEB passed the following motion in regard to the above:

"That the NDEB member from the CDA Council on Education, that is not that Council's Chairman, be the member that reports to the CDA".

You will be receiving a report from Dean E.R. Ambrose concerning this matter.

Yours sincerely,


G. Kravis, D.D.S.
Registrar

GK/kh

cc: N.J. Layton, D.D.S.
R. Coulombe, D.D.S.
E.R. Ambrose, D.D.S.

July 10, 1978

TO: Provincial Registrars & CDA
FROM: G. Kravis, D.D.S. Registrar
SUBJECT: NDEB audited financial statement 1977/78

You will find attached the 1977/78 National Dental Examining Board of Canada audited financial statement for your information.

In reference to the financial statement, I would like to draw your attention to the following:

1) General fund

The NDEB fiscal year ends April 30 and the major portion of the income for that year is not received until March 31. Consequently, the NDEB must possess enough funds to operate until March 31 of the following year.

2) Foreign Dentists' fund

- a) Income (examination, patient and laboratory fees) is collected in one fiscal year against expenses incurred in the following fiscal year, (all fees are collected before May 1 and examinations take place in May, June and August.)
- b) A large portion of the fees collected are returned by reason that, if a candidate fails a portion of the examination he is reimbursed for the next portion/s.

/kh
cc: All NDEB Members

GEO. A. WELCH & COMPANY
LEVESQUE, MARCHAND, BOULANGER & CIE
CHARTERED ACCOUNTANTS COMPTABLES AGRES
OTTAWA, HULL, BELLEVILLE, CORNWALL, PEMBROKE, PICTON

299 Waverley Street
OTTAWA
K2P 0W1

AUDITORS' REPORT

To the members of

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA

We have examined the balance sheet of The National Dental Examining Board of Canada as at April 30, 1978 and the statements of income and surplus for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion these financial statements present fairly the financial position of the board as at April 30, 1978 and the results of its operations for the year then ended in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Geo. A. Welch & Company
CHARTERED ACCOUNTANTS.

Ottawa, Ontario
May 31, 1978.

NATIONAL DENTAL EXAMINING BOARD OF CANADA

BALANCE SHEET

APRIL 30, 1978

LIABILITIES AND SURPLUS

ASSETS

	<u>1978</u>	<u>1977</u>		<u>1978</u>	<u>1977</u>
CURRENT ASSETS			GENERAL FUND		
Cash	\$ 11,843	\$ 20,714	CURRENT LIABILITIES		
Short term investments	70,000	85,000	Accounts payable and accrued liabilities	\$ 1,297	\$ 1,369
Accrued interest receivable	2,532	2,790	Fees received in advance	101,262	94,577
Owing by Foreign Dentists Fund	14,007	12,900			
	98,382	121,404		102,559	95,946
INVESTMENTS - at cost - note 2	64,825	64,825	SURPLUS	64,585	94,730
OFFICE EQUIPMENT - at cost	14,787	14,313			
Less accumulated depreciation	10,850	9,866			
	3,937	4,447			
				\$167,144	\$190,676
	\$167,144	\$190,676			

FOREIGN DENTISTS FUND

CURRENT ASSETS			CURRENT LIABILITIES		
Cash	\$ 13,127	\$ 16,588	Accounts payable and accrued liabilities	\$ 432	\$ 456
Short term investments	180,000	150,000	Owing to General Fund	14,007	12,900
Accrued interest receivable	2,565	1,615	Fees received in advance	164,696	127,918
				179,135	141,274
			SURPLUS	16,557	26,929
	\$195,692	\$168,203		\$195,692	\$168,203
			ROYAL COLLEGE OF DENTISTS (CANADA) FUND		
Cash	\$ 605	\$ 4,133	OWING TO ROYAL COLLEGE OF DENTISTS (CANADA)	\$ 135	\$ 840
			SURPLUS	470	3,293
	\$ 605	\$ 4,133		\$ 605	\$ 4,133

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA

GENERAL FUND

STATEMENT OF INCOME AND SURPLUS

YEAR ENDED APRIL 30, 1978

	BUDGET 1978	ACTUAL 1978	ACTUAL 1977
Income:			
Fees	\$114,000	\$101,766	\$ 97,144
Interest earned and sundry	10,000	9,141	14,187
	<u>124,000</u>	<u>110,907</u>	<u>111,331</u>
Expenses:			
Salaries	47,040	46,787	42,654
Employee benefits	5,925	5,292	2,146
Rent	6,750	6,586	8,511
Printing, stationery and office supplies	4,500	5,914	3,886
Telephone and telegraph	4,125	3,916	3,517
Postage	1,500	1,879	1,316
Insurance	450	509	450
Audit fee	825	1,575	750
Maintenance	375	207	421
Legal fees	450	-	255
Certificate engraving	1,500	1,665	1,258
Miscellaneous	1,125	1,277	1,022
Translation	1,875	1,626	1,790
Examination expenses (written)	2,250	4,015	2,245
Examiners' expenses (written)	6,394	6,819	5,415
Annual meeting:			
Provincial members	13,275	11,580	9,145
C.D.A. representatives	1,538	1,412	1,015
Executive meetings:			
With C.D.A. Executive Council	-	4,454	-
Regular	11,606	10,312	6,315
Registrar's and president's expenses	6,500	6,707	2,477
Representatives	12,000	1,636	5,617
Grant to C.D.A. Council on Education	15,000	15,000	15,000
Depreciation	1,000	984	1,112
N.D.E.B. Pension Plan	-	900	-
	<u>146,003</u>	<u>141,052</u>	<u>116,317</u>
Excess of income over expenses (expenses over income) for year	\$ (22,003)	(30,145)	(4,986)
Surplus at beginning of year		<u>94,730</u>	<u>99,716</u>
Surplus at end of year		<u>\$ 64,585</u>	<u>\$ 94,730</u>

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA

FOREIGN DENTISTS FUND

STATEMENT OF INCOME AND SURPLUS

YEAR ENDED APRIL 30, 1978

	BUDGET 1978	ACTUAL 1978	ACTUAL 1977
Income:			
Fees	\$ 91,900	\$ 86,695	\$ 69,894
Interest earned	5,000	6,293	7,078
	<u>96,900</u>	<u>92,988</u>	<u>76,972</u>
Expenses:			
Salaries	15,680	15,596	14,218
Employee benefits	1,975	1,764	715
Rent	2,250	2,195	-
Printing, stationery and office supplies	1,500	1,971	1,295
Telephone and telegraph	1,375	1,305	1,172
Postage	500	626	439
Insurance	150	170	-
Audit fee	275	525	250
Maintenance	125	69	-
Legal fees	150	-	-
Miscellaneous	375	474	-
Translation	625	542	-
Examination expenses (written)	750	1,339	-
Examiners' expenses (written)	2,131	2,273	-
Examination expenses - preclinical and clinical	74,500	56,876	41,610
University expenses	5,000	5,150	2,000
Preclinical and clinical examination evaluation	5,000	4,417	3,366
Annual meeting:			
Provincial members	4,425	3,860	3,048
C.D.A. representatives	512	471	338
Executive meetings	3,869	3,437	2,105
N.D.E.B. Pension Plan	-	300	-
Registrar's and President's expenses	-	-	580
	<u>121,167</u>	<u>103,360</u>	<u>71,136</u>
Excess of income over expenses (expenses over income) for year	\$ (24,267)	(10,372)	5,836
Surplus at beginning of year		<u>26,929</u>	<u>21,093</u>
Surplus at end of year		<u>\$ 16,557</u>	<u>\$ 26,929</u>

THE NATIONAL DENTAL EXAMINING BOARD OF CANADAROYAL COLLEGE OF DENTISTS (CANADA) FUNDSTATEMENT OF INCOME AND SURPLUSYEAR ENDED APRIL 30, 1978

	<u>1978</u>	<u>1977</u>
Income		
Fees	\$ <u>10,650</u>	\$ <u>7,525</u>
Expenses:		
Travel	6,249	528
Printing, stationery and office supplies	352	54
Diplomas	115	116
Royal College of Dentists (Canada)	<u>6,757</u>	<u>5,040</u>
	<u>13,473</u>	<u>5,738</u>
Excess of income over expenses (expenses over income) for year	(2,823)	1,787
Surplus at beginning of year	<u>3,293</u>	<u>1,506</u>
Surplus at end of year	\$ <u>470</u>	\$ <u>3,293</u>

NOMINATIONS

MEMBERS: M.J. Crompton, Chairman, Moncton, P.S. Christie, Halifax
H.L. Mussells, Westmount, W.R. Upton, Vancouver

R E P O R T

1. Appendix I of this report provides a list of all eligible nominees for vacant offices, prepared in accordance with Article X, Section 3 of the By-laws.
2. Nominees for vacant offices were requested in accordance with Article XIV to allow their names to stand in nomination.
3. Council wishes to express its appreciation to all those who have been willing to allow their names to stand in nomination.

ELIGIBILITY:

4. In accordance with Article XIV Section 4 (I) Council ruled on the eligibility of all candidates with respect to Article IX and Article XX.

COUNCIL ON NOMINATIONS:

5. The Board is reminded that Council on Nominations is constituted under Article XIV Section 4(I) of the By-laws.

"The Nominations Council shall consist of three members elected by the Board at its Annual Meeting pursuant to Article X Section 5 of these By-laws, together with the past-president who shall be Chairman. The membership should be geographically representative of the Association and should include one or more past-presidents."

Article X Section 5 of the By-laws states:

"Nominations for a member of the Nominations Council for a term of three (3) years shall be made from the floor by a member or members of the Board of Governors."

The terms of present members are:

W.R. Upton, Vancouver 1978 (2)
P.S. Christie, Halifax 1979 (2)
H.L. Mussells, Westmount 1980 (1)

.../2

Council notes that the term of office for Dr. Upton ends this year and wishes to express to Dr. Upton our sincere appreciation for his service to this Council.

A nomination from the floor will be required to replace Dr. Upton.

ELECTIONS:

6. As a result of the nominations procedure, elections will be required for:

President-Elect

Constitution and By-laws - Atlantic Provinces representative

Council on Hospital Services - Ontario representative

7. Elections will take place as noted on the Board's Agenda.

RESOLVED

That Drs. Allan and Dickson be appointed as scrutineers.

ADOPTED

RESOLVED

That all named by acclamation be elected

ADOPTED

RESOLVED

That there be an election, from the four candidates shown on the slate, for three positions and that the one year that is left on Dr. Covit's term as an Executive Council member, be the presidential appointment.

ADOPTED

RESOLVED

That the Board refer the matter of filling of terms of office within the Executive Council that are terminated in mid-stream to Executive Council for action.

ADOPTED

RESOLVED

That the ballots be destroyed.

ADOPTED

NOMINATIONS

Nominations were received from the floor to fill the vacancy on the Council on Nominations.

RESOLVED

That Dr. R. Gray be appointed as a member of the Council on Nominations.

ADOPTED

RESOLVED

That the nominations be closed.

ADOPTED

NOMINATIONS

Nomination Form

One form must be completed for each candidate. Candidates must be eligible to assume office if elected (see conflict of interest by-law on reverse of this form, and specific regional or other stipulations for nomination on the attached memorandum).

Please check or complete one of the following:

THIS NOMINATION IS FOR: CHAIRMAN OF THE BOARD _____ PRESIDENT-ELECT
EXECUTIVE COUNCIL _____ C.D.A. REPS. TO C.D.S. P.I. _____
COUNCIL ON _____

*Note: Associate or Affiliated members are not eligible for nomination to the Board of Governors or Executive Council.
Student members are not eligible for nomination to the Executive Council.*

Please print or type the following:

CANDIDATE'S NAME _____
CANDIDATE'S ADDRESS _____
_____ POSTAL CODE _____

It is desirable for a nominee to attach a brief biographical sketch if possible.

IN ACCORDANCE WITH THE STIPULATIONS OF THE CONSTITUTION AS TO REGIONAL OR OTHER REPRESENTATION, AND, AS TO MY ENTITLEMENT TO MAKE NOMINATIONS, I PROPOSE THE ABOVE CANDIDATE FOR NOMINATION.

Please print or type the following:

NOMINATOR _____
OFFICE OR POSITION HELD _____
SIGNATURE _____

ARTICLE II SECTION I OF THE CONSTITUTION APPEARS ON THE REVERSE OF THIS NOMINATION FORM. THIS ARTICLE DEALS WITH POSSIBLE POTENTIAL CONFLICTS OF INTEREST

Nominee will please initial one of the following:

- A) I HAVE NO KNOWN POSSIBLE POTENTIAL CONFLICT OF INTEREST _____
B) I HAVE A POSSIBLE POTENTIAL CONFLICT OF INTEREST _____
If B) please explain potential conflict on the reverse of this form.

I AGREE TO PERMIT MY NOMINATION AND QUALIFY BY ACTIVE _____ AFFILIATE _____
ASSOCIATE _____ STUDENT _____ MEMBERSHIP IN THE ASSOCIATION.

NAME OF ORGANIZATION RECOMMENDING THIS NOMINATION _____

SIGNATURE OF NOMINEE _____

Return this completed form by June 15, 1978 deadline to:

Dr. M.J. Crompton, 567 St. George Street, Moncton, New Brunswick, E1E 2B8

NOMINATIONS

ACCORDING TO ARTICLE XX SECTION I OF THE CONSTITUTION, THE FOLLOWING IS STATED:

(d) All nominees for election or appointment to Councils, Committees or Bureaux of the Association shall declare on the nomination form, all possible potential conflicts of interest. These shall be made known to the Board prior to the election.

(e) No otherwise qualified member of the Board of Governors shall be nominated or eligible for election to the Executive Council or shall continue to be a member of the Executive Council if he becomes interested or involved directly or indirectly in any business or undertaking which provides dental supplies or services of any kind to the dental profession.

(f) That, of itself, being a Trustee of the CDA administered insurance and investment plans and/or of itself being a representative of the CDA to the Board of Canadian Dental Service Plans Incorporated shall not constitute a potential conflict of interest for a current member or a candidate for election to the Executive Council of the CDA.

(g) That, no otherwise qualified member of Councils or Bureaux of the Association shall continue to be a member if he becomes interested in or involved, directly or indirectly, in any business or undertaking which provides dental supplies or services of any kind to the dental profession.

(h) The Board shall be the final authority on any disputed conflict of interest.

PLEASE INDICATE BELOW ANY POSSIBLE POTENTIAL CONFLICTS OF INTEREST:

NOMINATIONS

ELECTED OFFICERS, OFFICIALS, COUNCILS

1978-79

President	R.L. Moran, Toronto
President-Elect	C. Covit, Montreal
Immediate Past-President	D.L. Rife, Toronto
Chairman of the Board	N.A. Mancini, Hamilton

COUNCILS

Executive	R.L. Moran, Toronto	(Chairman)
	C. Covit, Montreal	
	R.F. Evans, Picton	1980 (1)
	W.J. Froese, Chilliwack	1980 (1)
	D.L. Rife, Toronto	
	A.J. Shinoff, Winnipeg	1979 (1)
	G.E. Utas, Grande Prairie	1979 (1)
	D.E. Williams, Moncton	1980 (1)
Constitution & By-Laws	W. Heaslip, Toronto	1981 (2) (Chairman)
	G. Anthony, St. John's	1981 (1)
	G.E. Decker, Edmonton	1980 (1)
	M.P. Tenenbaum, Montreal	1981 (2)
Education	D.J. Yeo, Vancouver	1979 (1) (Chairman)
	I. Bennett, Halifax	1981 (1)
	R. Coulombe, Lachine	1979 (2)
	G.A. Freeze, N. Vancouver	1980 (1)
	C. Lavelle, Winnipeg	1981 (1)
	J.D. McLean, Halifax	1979 (2)
	G.W. Myers, Edmonton	1980 (1)
	G.H. Peacock, Saskatoon	1979 (1)
	E.J. Rajczak, Hamilton	1979 (1)
Ethics	G.H. Peacock, Saskatoon	1980 (2) (Chairman)
	J.W. Bradey, Guelph	1979 (1)
	P.Y. Lamarche, Montreal	1979 (1)
	R.C. Thorpe, Burnaby	1980 (1)
	I. Vogan, Halifax	1981 (1)

NOMINATIONS

Health Care	R.J. Sexton, Islington	1980 (1) (Chairman)
	J.F. Begin, Ottawa	1979 (1)
	J. Belanger, Montreal	1979 (1)
	E. Freidin, Saskatoon	1979 (1)
	B. Goldberg, Winnipeg	1979 (1)
	H.H. Horsman, Moncton	1981 (1)
	R.A. Janes, Gander	1980 (1)
	D.E. MacFarlane, Vancouver	1979 (2)
	D.E. MacLeod, Kentville	1980 (1)
Hospital Services	C.T. McNichol, Calgary	1979 (2)
	J.R. Robertson, Summerside	1979 (2)
	M. Gornitsky, Montreal	1980 (1) (Chairman)
	K.M. Gordon, Edmonton	1980 (1)
	A.E. Hoffman, Halifax	1980 (1)
	J.H.P. Main, Toronto	1981 (2)
	W.H. Sussel, Chilliwack	1980 (1)
	A.E. MacLeod, Halifax	1981 (2) (Chairman)
	R.L. Ellis, Mississauga	1981 (2)
Information Services	E. Freidin, Saskatoon	1980 (1)
	P. Morin, Montreal	1981 (1)
	D. Scramstad, Surrey	1980 (1)
Legislation	R.G. Balderson, Ottawa	1979 (1) (Chairman)
	J. Pritchard, Ottawa	1981 (1)
	C.G. Travis, Ottawa	1980 (1)
Nominations		
	D.L. Rife, Toronto	(Chairman)
	P.S. Christie, Halifax	1979 (1)
	R.A. Gray, Medicine Hat	1981 (1)
	H.L. Mussels, Westmount	1980 (1)

NOMINATIONS

C.D.A. ELECTIVE OFFICES - 1978

OFFICE	COMMENT	ELIGIBILITY	TERM	NOMINATIONS	ELECTION * REQUIRED
Chairman of the Board Incumbent - Dr. N.A. Mancini - Hamilton	Elected Annually	Individual-Honorary	1 year	Dr. N.A. Mancini - Hamilton	*
<u>President-Elect</u> Incumbent - Dr. R.L. Moran - Toronto	Elected Annually	Member of the Board of Governors	1 year	Dr. C. Covit - Montreal Dr. C. Dexter - Halifax	*
<u>Executive Council</u> Incumbents - Dr. R.N. Hicks-Presidential Appointee Dr. R.F. Evans-Presidential Appointee Dr. M.J. Crompton-Past-President Dr. C. Dexter-Term Expires	Depending on the results of the election for President- Elect, an election may be required for Executive Council.	Member of the Board of Governors	2 years	Dr. M. Charendoff - Toronto Dr. R. Evans - Picton Dr. W. Froese - Chilliwack Dr. D. Williams - Moncton	*
Council on Constitution & By-laws Incumbent - Dr. P. Christie 1978(2) Halifax Dr. W. Heaslip 1978(1) Toronto Dr. M. Tenenbaum 1978(1)-Montreal	Election required to have an Atlantic representative	C.D.A. Member	3 years	Dr. C. LeBlanc - Moncton Dr. G. Anthony - St. John's Above from the Atlantic Provinces Dr. W. Heaslip - Toronto Dr. M. Tenenbaum - Montreal	*
<u>Council on Legislation</u> Incumbent - Dr. O. Phillips 1978(2)	No election required	C.D.A. Member	3 years	Dr. J. Pritchard - Ottawa	

OFFICE	COMMENTS	ELIGIBILITY	TERM	NOMINATIONS	ELECTION * REQUIRED
<u>Council on Health Care</u> Incumbent - Dr. R. Dickson 1978(2)	No election required	C.D.A. Member	3 years	Dr. H. Horsman - Moncton	
<u>Council on Education</u> Incumbents - Dr. W. Feasby 1978(2) Dr. E. Ambrose 1978(2)	No election required	4 active dental faculty members, 3 with no dental ties 2 members each from ACFD & NDEB and 1 from RCD(C) 1 Registrar	3 years	Dr. I. Bennett - Halifax A.C.F.D. Nominee Dr. C. Lavelle - Winnipeg R.C.D.(C) Nominee	
<u>Council on Hospital Services</u> Incumbents - Dr. J. Main 1978(1) Dr. P. Surprenant 1978(2) Dr. R. Mulrooney 1978(1)	According to the By-laws only one member from Ontario is to serve on this Council - an election will be required	C.D.A. Member	3 years	Dr. J.H. Main - Toronto Dr. A.F. Dungy - Toronto	*
<u>Council on Information Services</u> Incumbents - Dr. A. MacLeod 1978(1) Dr. R. Ellis 1978(1) Dr. P. Morin Appointed to fill term	No election required	C.D.A. Member	3 years	Dr. A.E. MacLeod - Halifax Dr. R.L. Ellis - Mississauga Dr. P. Morin - Montreal	

OFFICE	COMMENTS	ELIGIBILITY	TERM	NOMINATIONS	ELECTION * REQUIRED
<u>Council on Ethics</u> Incumbent - Dr. R. Epstein 1978(2)	No telection required	C.D.A. Member	3 years	Dr. Ian Vogan - Halifax	
<u>Council on Nominations</u> Incumbent - Dr. W. Ross Upton 1978(2)	Dr. W.R. Upton is completing his second term and is not eligible for re-election. Nominations will be received from the floor for this vacancy	Membership should be represented geographically	3 years		*

REPORT OF THE CDA COUNCIL ON STUDENT AFFAIRS

TO THE SEPTEMBER 1978 CDA BOARD OF GOVERNORS

Council Members: R. Gilsig, Chairman, McGill University
G. Cousens, University of Montreal
J. Gerrow, University of Toronto
J. Girard, University of British Columbia
D. Neal, University of Manitoba
Executive Liaison: Dr. C. Covit

1. Council Meetings

The Council has met in Ottawa twice since its inception - on February 10, 1978 and May 27, 1978.

2. Council Structure

The Council reviewed the structure of the Council on Student Affairs as designated by the Board of Governors at its March 1977 meeting and as detailed by the student representatives attending the 1977 Canadian Dental Students' Conference (CDSC.77).

CDSC.77 had proposed that the members of the Council, as designated by the Board of Governors, be elected on a yearly basis from the annual Canadian Dental Students' Conference.

At the first meeting of Council, it was noted that a one year term of office is in direct conflict with the three year term of office as stipulated in the CDA By-Laws for Council members. A second problem inherent in the proposed structure involves continuity of representation. All members of the Council would join the Council at the same time and leave the Council at the same time. This arrangement would not allow for continuity of membership or expertise on the Council.

After a lengthy discussion, Council devised a plan whereby at each meeting of the Canadian Dental Students' Conference, two positions would be filled - that of the CDA Governor-elect, and that of the Chairman-elect of the CDSC. At the same time, the past CDA Governor and the past Chairman of the CDSC would relinquish their positions. Each member of the Council would serve a three year term so as not to conflict with the CDA By-Laws and yet membership on the Council would be rotating so as to add continuity.

The Council on Student Affairs accordingly recommends:

2. Council Structure (cont'd)

That the Council on Student Affairs shall consist of 6 members as follows:

- (1) The CDA Governor-Elect*
- (2) The CDA Governor*
- (3) The Past CDA Governor*
- (4) The Chairman-Elect of the CDSC*
- (5) The Chairman of the CDSC*
- (6) The Past Chairman of the CDSC*

The Board agreed and referred this to the Council on Constitution and By-Laws.

3. Liaison

At CDSC.77, representatives were selected to attend the Council on Education annual meeting, the National Dental Examining Board of Canada annual meeting, and the CDA/ACFD Teaching Conference.

The Council on Student Affairs recommends the following:

That three members of the Council on Student Affairs be appointed to represent Council at the following meetings:

- (1) The NDEB Annual Meeting*
- (2) The CDA-ACFD Teaching Conference*
- (3) The CDA Council on Education Annual Meeting*

The Board agreed.

4. Liaison Between the Council and the Association of Canadian Faculties of Dentistry

Whereas the Council on Student Affairs wishes to maintain meaningful liaison with the Association of Canadian Faculties of Dentistry, and
Whereas the Council wishes to further improve this liaison with the ACFD

Council recommends:

That a member of the Council on Student Affairs be present at the meeting of the ACFD at the expense of the Council on Student Affairs, and a representative of the ACFD be present at the meeting(s) of the Council on Student Affairs on invitation and at the expense of the ACFD.

The Board agreed.

5. Liaison Between the Council and the CDA Council on Education

With reference to item 29 of the Council on Education minutes of May 1977,

The Council on Student Affairs recommends:

That the Council on Student Affairs support the interlocking representation which exists between the Council on Education and the Committee on Student Affairs, and

Further support a similar relationship between the Council on Education and the Council on Student Affairs whereby a member of the Council on Student Affairs be present at the meeting of the Council on Education at the expense of the Council on Student Affairs, and a representative of the Council on Education be present at the meeting(s) of the Council on Student Affairs on invitation and at the expense of the Council on Education.

The Board agreed.

6. Liaison Between the Council and the NDEB

Whereas the Council on Student Affairs wishes to maintain meaningful liaison with the National Dental Examining Board, and

Whereas the Council further wishes to improve liaison with the NDEB

Council recommends:

That a member of the Council on Student Affairs be present at the meeting of the NDEB at the expense of the Council on Student Affairs, and a representative of the NDEB be present at the meeting(s) of the Council on Student Affairs, on invitation, and at the expense of the NDEB.

The Board agreed.

Prior to the formation of the Council on Student Affairs, communications and relations between the CDSC and the NDEB indicated the need for growth and improvement. The Council seeks to improve this relationship between the NDEB and the students.

6. Liaison Between the Council and the NDEB (cont'd)

To this point, the student representative, on request, is given a hearing at the annual NDEB meeting. The Council feels that communications could be improved significantly if the student representative to the annual NDEB meeting could be present as an observer throughout the entire meeting. This item, as well as other student concerns, are dealt with in a brief that will be discussed at the forthcoming annual meeting of the NDEB.

The Council on Student Affairs is also of the opinion that the general student body is unaware of the NDEB's structure, function and activities.

Council therefore recommends:

That the Canadian Dental Association request the National Dental Examining Board of Canada to provide an informative publication on the NDEB's structure, function and activities to be supplied as information accompanying the CDA student membership materials forwarded to each dental student in September of each year.

The Board agreed.

7. Student Governor

The student governor is elected to serve for one year. The Council on Student Affairs is of the opinion that the CDA would benefit from the input of a more experienced student governor.

Council therefore recommends:

That the Governor-elect be invited to all Board of Governors meetings as an observer.

The Board agreed.

8. Relationship to the Canadian Dental Students' Conference

Prior to the formation of the Council on Student Affairs, the Committee on Student Affairs of the Council on Education was responsible for the Canadian Dental Students' Conference.

The Board of Governors has specified in its terms of reference that the Council on Student Affairs be responsible for the effective organization and conduct of the annual Canadian Dental Students' Conference.

8. Relationship to the Canadian Dental Students' Conference (cont'd)

Council therefore recommends:

That the CDA Governor, the CDA Governor-Elect, and the CDSC Past Chairman attend the CDSC conference commencing with CDSC.79.

The Board agreed.

9. Student and Graduate Insurance Programmes

Council is aware that the CDA/CDSPI insurance programme offers an excellent composite insurance package. Support of the programme, by graduating students, may be promoted by discussion of the CDSPi plan at the university level.

Therefore Council recommends:

That the representatives of the CDA insurance plan or CDSPi itself be asked to give presentations at each dental faculty.

The Board agreed and noted that this was already being done.

Council notes that this action has already been implemented and that representatives from Kench and Associates have initiated a policy of annual presentations.

With regard to the graduate insurance package, Council notes a lack of uniformity between provinces concerning eligibility for this package.

Council therefore recommends

That in order to obtain the benefits of the graduate insurance package

1979 graduates must be members in good standing of the Canadian Dental Association during their last year of undergraduate study

1980 graduates must be members in good standing of the Canadian Dental Association during their last two years of undergraduate study

1981 graduates must be members in good standing of the Canadian Dental Association during their last three years of undergraduate study

1982 graduates must be members in good standing of the Canadian Dental Association during their last four years of undergraduate study

1983 graduates and on must be members in good standing of the Canadian Dental Association during their entire undergraduate years of study.

9. Student and Graduate Insurance Programmes (cont'd)

The Board agreed.

Council would also like to promote participation in the undergraduate insurance programme.

Consequently, the following recommendation is made:

That an application for life insurance and pertinent details be included with the CDA student membership materials forwarded to each undergraduate dental student each fall.

The Board agreed and noted this was being done.

Council hopes that student participation in the undergraduate insurance programme will rise and that CDSPI will investigate the development and implementation of undergraduate benefits in the areas of dismemberment insurance and sickness or accident insurance (to provide funds for a student who has to repeat a year in dental school due to sickness or accident).

10. Student Membership

In 1977-78, CDA Student Membership climbed to 74.39% of the dental student body. In part, these figures reflect the success of the CDA "Welcome to the Profession" receptions.

On behalf of the dental students of Canada, Council thanks the Canadian Dental Association for its generous sponsorship of the 1977 "Welcome to the Profession" receptions and Council wholeheartedly supports the continuation of these reception on an annual basis.

Council also encourages more active participation by the provincial licensing bodies and provincial associations in the "Welcome to the Profession" receptions.

11. Teaching Conference

Council has reviewed the highlights of the 1978 CDA/ACFD Teaching Conference and feels that the motions formulated at the conference merit further consideration.

Consequently, Council recommends

That the recommendations as reported by the ACFD-CDA Teaching Conference be considered by the CDA Council on Education and the CDA Council on Hospital Services,

And any action taken by these two Councils be reported back to the CDA Council on Student Affairs for information purposes only.

11. Teaching Conference (cont'd)

Executive Council disagrees and notes the student representative on the Council on Education already receives this report.
The Board agreed.

12. Student Table Clinic Programme

The Council reviewed the CDA Student Table Clinic Manual and recommends the following:

That the CDA Student Table Clinic Manual be amended as follows:

*Section entitled Eligibility - delete the sentence
Clinics developed or presented by more than one student
cannot be accepted*

*Section entitled Method of Selection - delete the sentence
However, the school may wish to consider a mechanism
such as a student table clinic day*

- add in place of deletion

*However, the schools are encouraged to promote selection of
student table clinicians by means of a student clinic competition.*

The Board agreed.

13. Equal Benefits for Graduating Students

In Ontario, all graduates who qualify for the benefits of the CDA Graduate Insurance Package are eligible for free membership in the CDA from the date of graduation to December 31 of that year. In provinces outside of Ontario, new graduates are assessed a half year membership fee by their licensing bodies. It is only in Ontario that new graduates are given the status of active members from the date of graduation to December 31 without the payment of an additional fee provided that they qualify for the graduate insurance package and have been members in good standing of the CDA for their entire undergraduate years.

Council therefore recommends

*That all new graduates eligible for the CDA
graduate package be given the status of an active
member of the CDA from the date of graduation until
December 31 of the year they graduate.*

Executive Council advises this is not as simple as stated in the motion and that it be directed to the licensing body for their input (except RCDS and ODQ).

The Board agreed.

13. Equal Benefits for Graduating Students (cont'd)

If these new graduates are members in good standing of the CDA for their entire undergraduate years and are eligible for the grad package, they will be reimbursed their half year membership fee by the CDA.

14. Definition of Student Member

The definition of student member as it presently appears in the CDA Letters Patent and By-Laws was discussed.

Council recommends:

That the definition of student member as it exists in the CDA Letters Patent and By-Laws be altered to delete the phrase BY THE CANADIAN DENTAL STUDENT'S CONFERENCE and to add in its place the phrase BY THE CDA COUNCIL ON STUDENT AFFAIRS.

The Board agreed and referred this to the Council on Constitution and By Laws.

15. Student Funding

During CDSC.77, the high cost of dental education was discussed. There is some concern that the dental profession, in certain provinces, is becoming restricted to those more financially able. Council has developed a survey to investigate this problem and will report the results of this survey at the next Board of Governors meeting.

16. Temporary Licensure for Dental Students

Council is of the opinion that a programme of temporary licensure such as exists in BC, Alberta and Saskatchewan can be a meaningful experience for all Canadian dental students and can also be beneficial to both the profession and the community. Council has undertaken a survey of licensing bodies and provincial associations in order to develop guidelines for Executive Council approval.

17. The 1978 Canadian Dental Students' Conference

Plans are well underway for CDSC.78 to be held in Winnipeg in October. Although the conference is funded annually by a grant from Colgate-Palmolive via the CFDE, the CDA is the host. The Council welcomes and encourages CDA input into all phases of the Canadian Dental Students' Conference.

18. Appendices and Additions

Appendixed to this report to the Board are the complete minutes of the first two meetings of the new CDA Council on Student Affairs as well as the report of the student governor attending the March 1978 interim Board meeting, the report of the student representative to the ACFD/CDA Teaching Conference, and the minutes of the 1977 Canadian Dental Students' Conference.

Executive Council advises it is not customary to include the minutes of Council meetings in the Board Report but in order to assist the Board in viewing the amount of work being done by this Council, Executive Council feels it should be included this time.

Executive Council is pleased to receive the first report of the Council on Student Affairs.

This report is respectfully submitted by

Richard Gilsig

Mr. Richard Gilsig
Chairman
Council on Student Affairs

NOTICE OF MOTION

To change the constitution regarding the voting rights of the student governor with respect to the election of the president-elect only.

This would affect Article VII, Section 7, Subsection "c" or addition of a subsection "e".

RESOLVED

That this report be adopted.

ADOPTED

VOTING MEMBERS

MEETING OF VOTING MEMBERS

In accordance with the requirements of CDA By-laws, written notice has been received by the Executive Director of the appointment of the following corporate member representatives:

Alberta	G.E. Utas
British Columbia	R.N. Hicks
Manitoba	A.J. Shinoff
New Brunswick	D.E. Williams
Newfoundland	R.D. Sexton
Nova Scotia	C. Dexter
Ontario	A.J. Harris
Prince Edward Island	J.D. Murphy
Quebec	S. Silver

7 DAYS
THIS BOOK MAY BE KEPT FOR
7 DAYS ONLY
IT CANNOT BE RENEWED

RESOLVED

That the meeting be adjourned.

ADOPTED

ADOPTED

nsactions.

ER

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